Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 5			Du	e to School C	erk June 1			
Elementary District Responsible	for Reimbursing the	Contract		Соц	ınty		Legal Entity	
Biddle Elem				Po	wder River		0692	
High School or K-12 District Resp	oonsible for Reimbu	rsing the Cont	ract	Cou	inty		Legal Entity	
Is this contract shared betwe ☐ yes ☐ no	en elementary an	d high school	ol?					
Are you applying for isolation		□ No		Student	Name	School		Grade
(If yes, please attach explana ISOLATION: Section 20-10-142	, MCA, provides for							
rates for special circumstances o increased rates, individual circum	stances must be re	viewed and ap	proved by the	Student	Name	School		Grade
trustees of the district, the county Public Instruction. (10.7.116 ARM			е Опісе от	-				
Check here only if increased pay			proved by the	Student	Name	School		Grade
District Trustees and the County	Ini	tials		Student	Name	School		Grade
Elem District Approval ☐ yes HS District Approval ☐ yes County Approval ☐ yes	□ no □ no □ no			THIS CO	NTRACT IS FO	ne.		
County Approval yes Parent or Guardian Name: (F				Grades 1	-12		l Dath Ca	
Christel L. Powell					emester Only	□ 2nd Semester Onl	iy ⊔ Both Se	mesters
Physical Address (street add	ress only):				ergarten/Kinder emester Only	garten □ 2nd Semester Onl	ly □ Both Se	mesters
				KINDER	GARTEN/PREI	KINDERGARTEN:		
Distance from home to neare	st school (one wa	av)		Kinderg		es with other school-	age students a	Iso covered
Elementary 7 HS 0		,,		To or fro	m Bus Stop	times per day, _	day	s per week
Distance from home to neare	st bus stop, if any	(one way)		Kinderg	m School arten child ride	times per day, _ es <u>without</u> other scho	ool-age studen	s per week ts:
Elementary 0 HS 0				To or fro To or fro	m Bus Stop m School	times per day, _ times per day, _	day: day:	s per week s per week
☐ Contract is for one-way o Students in Each Grade Level - Only ir	•	e covered by the	is contract	Deadli				
<u></u>						ool Clerk June 1.		
Pre-k Tota		1-8 Total	9-12 Total		Send origina	I to County Supt by Jul	ly 1, retain a co	py for your
Regular Trans				files.				
Spec. Ed. Trans					/ SUPERINTEN your files.	NDENTS: Send origina	al to OPI by July	/ 10, retain a
Room & Board					RE	EIMBURSEMENT RA	ATE	
Correspondence					(For dist	rict, county and OPI	use only)	
Reg.					_			
Contingency					Reimb	ursement rate is deterr 20-10-142, MCA.	mined by	
Spec. Ed. Contin.								
Agreement between parent (parent name)			, and sch	ool district (dist	rict name)		
(county name) The parties agree as follows:			County, hereinaf	ter referred to a	s the District(s).			
The parties agree as follows. The parent shall transport or prinsured driver will transport the							dian assures that a li	censed and
In March and June, the District transported for the past semes	shall pay the parent the ter.	sum officially a	pproved in the applica	ation upon certification	by the teacher or p	rincipal of the school of the nu	ımber of days the stu	ident(s) was
The payment shall be compute This contract shall terminate at	the end of the school y	ear or when the	student(s) is no longe				Det	
Elementary School District Biddle Elem	Chair, Boa	ard of Truste	es				Date	
High School District	Chair, Boa	ard of Truste	es				Date	
		I attes	t that the above	information is tre	ue and correct.			
Signature - Parent or Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	MT 59620-2501 Due to School Clerk June 1								
Elementary District Re	sponsible for Re	eimbursing the	Contract		County		Legal Entity			
Biddle Elem					Powder	River	0692			
High School or K-12 D	istrict Responsib	ole for Reimbu	rsing the Cont	ract	County		Legal Entity			
Is this contract shar ☐ yes ☐ no	ed between el	ementary ar	nd high schoo	ol?						
Are you applying for			□ No		Student Name	School	Grade			
(If yes, please attac ISOLATION: Section	20-10-142, MCA	A, provides for								
rates for special circun increased rates, individ	dual circumstand	es must be re	viewed and ap	proved by the	Student Name	School	Grade			
trustees of the district, Public Instruction. (10.				e Office of						
Check here only if incr	eased payment	due to isolatio	n has been ap	proved by the	Student Name	School	Grade			
District Trustees and the		portation Con		,		····				
Elem District Approval HS District Approval		□ no □ no			Student Name	School	Grade			
County Approval	□ yes	no			THIS CONTRAC Grades 1-12	CT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			☐ 1st Semester	Only 2nd Semester Onl	y Both Semesters			
Dana Williams					Pre-kindergarter	n/Kindergarten				
Physical Address (s	treet address	only):			☐ 1st Semester	Only 2nd Semester Onl	y Both Semesters			
						N/PREKINDERGARTEN				
Distance from home		hool (one wa	ay)		by this contrac		_			
Elementary 12	HS 0				To or from Bus 3 To or from Scho	Stop times per day, _ ol times per day, _	days per week days per week			
Distance from home Elementary 0	to nearest but HS 0	ıs stop, if an	y (one way)		Kindergarten c	hild rides <u>without</u> other schoolstop times per day, ol times per day,	ool-age students:			
□ Contract is for o	ne-way only				To or from Scho	ol times per day, _	days per week			
Students in Each Grade Lo	evel - Only include	the students to I	be covered by thi	is contract.	Deadlines:	e to School Clerk June 1.				
	Pre-K	K	1-8	9-12						
	Total	Total	Total	Total	files.	I original to County Supt by Jul	y 1, retain a copy for your			
Regular Trans					COUNTY SUPE	RINTENDENTS: Send origina	al to OPI by July 10, retain a			
Spec. Ed. Trans					copy for your file		arto or ray outy ro, rotalir a			
Room & Board						REIMBURSEMENT R	ATE			
Correspondence					(For district, county and OPI	use only)			
Reg.										
Contingency						Reimbursement rate is determ 20-10-142, MCA.	mined by			
Spec. Ed. Contin.						<u> </u>				
Agreement betweer	n parent (parer	nt name)			, and school dist	rict (district name)	,			
(county name)				County, hereinat	ter referred to as the Di	strict(s).				
	ansport or provide t					school is in session. The parent or guard	dian assures that a licensed and			
	, the District shall p				on for the distance reported on ation upon certification by the te	the contract actually occurs. eacher or principal of the school of the nu	imber of days the student(s) was			
The payment shall	be computed on th				142, MCA, and the information are enrolled in school, whichever					
Elementary School Biddle Elem			ard of Truste				Date			
High School District		Chair, Boa	ard of Truste	es			Date			
			Latter	t that the above	information is true and	correct				
Signature - Parent or	Guardian		ı alles	t triat trie above	morniauon is true affu	Date				
						1				

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	na, MT 59620	-2501	Due to School Clerk June 1						
Elementary District Re	sponsible for Re	imbursing the	Contract			County	•	Legal Entity	
Biddle Elem						Powder River		0692	
High School or K-12 D	istrict Responsit	le for Reimbu	rsing the Cont	ract		County		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high school	ol?					
Are you applying for			□ No		Stud	dent Name	School		Grade
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	, provides for	increased reir	nbursement]				
rates for special circum increased rates, individ trustees of the district,	fual circumstance the county trans	es must be re sportation com	viewed and apmittee, and the	proved by the	Stud	lent Name	School		Grade
Public Instruction. (10.	·	J	,		Stud	lent Name	School		Grade
Check here only if incre District Trustees and the				proved by the					
Elem District Approval	□ yes □	Ini □ no	tials		Stud	lent Name	School		Grade
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)				des 1-12 st Semester Only	□ 2nd Semester Onl	v □ Both Se	mesters
Donna Mader						·		., = 2000	
Physical Address (s	treet address	only):				kindergarten/Kinderg st Semester Only	garten ☐ 2nd Semester Onl	y 🗆 Both Se	mesters
					KIN	DERGARTEN/PRE	(INDERGARTEN:		
Distance from home Elementary 10	e to nearest so HS 0	hool (one wa	ay)		Kind by t	dergarten child ride his contract:	times per day,times per day,	_	
Distance from home Elementary 0	to nearest bu	ıs stop, if an	y (one way)		Kin d To d	dergarten child ride or from Bus Stop	es <u>without</u> other scho times per day, _	ool-age student days	ts: s per week
☐ Contract is for or	ne-way only				To c	or from School	times per day, _	days	s per week
Students in Each Grade Le	evel - Only include	the students to b	be covered by thi	s contract.	Dea	adlines: RENTS: Due to Scho	aal Clark Juna 1		
	Pre-K	_ K	1-8	9-12					
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for your files.				
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a				
Spec. Ed. Trans						for your files.	DEITTO: Cond ongine	a. 10 01 1 by 001,	ro, rotain a
Room & Board							IMBURSEMENT RA		
Correspondence						(For dist	rict, county and OPI	use only)	
Reg.									
Contingency						Reimbi	ursement rate is deterr 20-10-142, MCA.	mined by	
Spec. Ed. Contin.									
Agreement between	n parent (parer	nt name)			, and	d school district (distr	rict name)		······································
(county name)				County, hereina	after referred	to as the District(s).			
	ansport or provide t						session. The parent or guard	dian assures that a lic	censed and
	, the District shall p					nce reported on the contraction by the teacher or pro-	rincipal of the school of the nu	imber of days the stu	dent(s) was
The payment shall	be computed on th	e basis of the so	chedule establish ear or when the	ned in Section 20-10 student(s) is no long	-142, MCA, and ger enrolled in so	the information accompany chool, whichever occurs firs	ing this contract. t.		
Elementary School Biddle Elem			ard of Truste					Date	
High School District		Chair, Boa	ard of Truste	es				Date	
			l atta-	t that the charre	information	is true and sames			
Signature - Parent or	Guardian		ı attes	t triat trie above	inionnation	is true and correct.	Date		
3.g 1 alone of							_ 0.0		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005

Due to School Clerk June

Contract #

Heler	na, MT 59620	-2501		Dı	ue to Scho	ol Clerk June 1				
Elementary District Re	sponsible for Re	imbursing the	Contract			County	_	Legal Entity		
Biddle Elem						Powder River		0692		
High School or K-12 D	istrict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity		
Is this contract share	ad batwaan al	omonton, on	d high coho	N2						
	ea between ei	ementary ar	ia nign schoo	JI ?						
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	dent Name	School		Grade	
(If yes, please attack ISOLATION: Section 2	h explanation)	nrovides for	increased rein	nhursement]]	dent Name	301001		Grade	
rates for special circum	nstances of isola	tion of resider	nce. In order to	o receive	Stuc	dent Name	School		Grade	
increased rates, individe trustees of the district,	the county trans	portation com	mittee, and the		Stuc	dent Name	301001		Grade	
Public Instruction. (10.	7.116 ARM prov	ides guideline	s for such.)		Stuc	dent Name	School		Grade	
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	Otac	ioni ramo	Concor		Orado	
	In	tials		Stuc	dent Name	School		Grade		
Elem District Approval HS District Approval		□ no □ no							Orado	
County Approval		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>			
Parent or Guardian	Name: (Please	e Print)				st Semester Only	□ 2nd Semester On	ly □ Both Se	mesters	
Pamela Ware				Pre-	kindergarten/Kinder	narten				
Physical Address (s	only):					☐ 2nd Semester On	ly □ Both Se	mesters		
				KIN	DERGARTEN/PRE	(INDERGARTEN:				
Distance from home	. 4	h = = 1 / = = =			Kind	dergarten child ride	es with other school-	age students a	lso covered	
Distance from home Elementary 0	to nearest sc HS 0	nooi (one wa	ay)		by t	his contract:	times per day, _	davs	s ner week	
•	4		. (To c	or from School	times per day,	days	s per week	
Distance from home Elementary 13	to nearest bu	s stop, if an	y (one way)		Kind	dergarten child ride or from Rus Ston	es <u>without</u> other scho	ool-age student days	t s: s ner week	
					To c	or from School	times per day,	days	s per week	
□ Contract is for o	, ,				Do	adlines:				
Students in Each Grade Le	ever - Only include	ine students to t	be covered by thi	s contract.	PAR	RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	DKS. Sand original	I to County Sunt by Jul	ly 1 rotain a co	ov for vour	
	Total	Total	Total	Total	CLERKS: Send original to County Supt by July 1, retain a copy for you files.					
Regular Trans					COUNTY SUBEDINTENDENTS. Sand original to ODI by July 10, ratain of					
Spec. Ed. Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files.					
Room & Board					REIMBURSEMENT RATE					
							rict, county and OPI			
Correspondence										
Reg.						 Reimbi	ursement rate is deteri	mined by		
Contingency Spec. Ed. Contin.							20-10-142, MCA.			
5p00. Eu. 00mm.										
Agreement between	parent (parer	nt name)			, and	d school district (dist	rict name)		,	
(county name)			(County hereina	ifter referred	to as the District(s).				
The parties agree as follow		ransportation for		•		` ,	session. The parent or guard	dian assures that a li	censed and	
insured driver will to	ransport the studer	nts. Mileage cor	tracts are valid of	only when transportat	tion for the dista	nce reported on the contract				
transported for the	past semester.	•	•		•	the information accompany	·	ander or days the Stu	aonii(a) was	
This contract shall	terminate at the en	d of the school y	ear or when the	student(s) is no long		the information accompany shool, whichever occurs firs		T. 5.		
Elementary School Biddle Elem	District	Chair, Boa	ard of Truste	es				Date		
High School District		Chair, Boa	ard of Truste	es				Date		
			I attes	t that the above	information	is true and correct.				
Signature - Parent or	Guardian						Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501				r 2004- 2005 ol Clerk June 1		
Elementary District Re	sponsible for Re	imbursing the C	Contract			County	1	Legal Entity
High School or K-12 D	istrict Responsib	ole for Reimburs	ing the Con	ract		County		Legal Entity
Powder River C	o Dist H S					Powder River		0706
Is this contract share □ yes □ no	ed between el	ementary and	high scho	ol?				
Are you applying for	r isolation statu	us? □ Yes	□ No		Stud	ent Name	School	Grade
(If yes, please attac	20-10-142, MCA	, provides for in	creased reir	mbursement	Stud	ent ivaine	301001	Grade
rates for special circum increased rates, individe trustees of the district, Public Instruction. (10.)	nstances of isola dual circumstanc the county trans	tion of residences must be review to the committee of the	e. In order t ewed and ap ittee, and th	o receive oproved by the	Stud	ent Name	School	Grade
Check here only if incredistrict Trustees and the		portation Comm	ittee.	proved by the	Stud	ent Name	School	Grade
Elem District Approval		Initia □ no	als 		Stud	ent Name	School	Grade
HS District Approval County Approval	•	□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Please	e Print)				les 1-12 st Semester Only	□ 2nd Semester Only	y Both Semesters
Cindy Goodwin					Pre-	kindergarten/Kinder	garten	
Physical Address (s	treet address	only):					☐ 2nd Semester Only	y Both Semesters
Distance from home to nearest school (one way) Elementary 0 HS 55 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 20 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.						nis contract: r from Bus Stop r from School lergarten child ride r from Bus Stop r from School adlines: ENTS: Due to Sch RKS: Send origina INTY SUPERINTEN for your files. RE	times per day,times per day,times per day,tes without other schotimes per day,times per day,times per day,tool Clerk June 1.	days per week da
insured driver will t In March and June transported for the The payment shall This contract shall Elementary School High School District	vs: ansport or provide t ransport the studer , the District shall p past semester. be computed on th terminate at the en District	ransportation for the state. Mileage contral the parent the sale basis of the sche	ne student(s) t acts are valid o sum officially a edule establish ar or when the d of Truste	County, hereinaft o and from the school only when transportatic pproved in the applica ned in Section 20-10-1- student(s) is no longe	ter referred or bus stop on on for the distar ation upon certif 42, MCA, and t	to as the District(s). the days when school is in	session. The parent or guard ct actually occurs. rincipal of the school of the nur	ian assures that a licensed and mber of days the student(s) was Date Date
Powder River Co Di	st H S		l attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian		i alles	t triat the above i	omation	io trac and contect.	Date	
							İ	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620								
Elementary District Res			Contract		County		Legal Entity		
High School or K-12 Dis		ole for Reimbu	irsing the Conf	tract	County		Legal Entity		
Powder River Co				-10	Powder	River	0706		
Is this contract share ☐ yes ☐ no		·	Ü	OI?					
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	1	□ No	mbursement	Student Name	School	Grade		
rates for special circum- increased rates, individi trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre	ased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval HS District Approval	□ yes		itials		Student Name	School	Grade		
County Approval	□ yes	□ no			THIS CONTRAC Grades 1-12	CT IS FOR:			
Parent or Guardian N	Name: (Pleas	e Print)			□ 1st Semester	Only	Only Both Semesters		
Cindy Wilkins Physical Address (st	reet address	only):			Pre-kindergarten 1st Semester	n/Kindergarten Only □ 2nd Semester	Only Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Le Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 75 to nearest bu HS 32 ne-way only	us stop, if any	y (one way)	is contract. 9-12 Total	KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students als by this contract: To or from Bus Stop times per day, days provided from School days provided from School times per day,				
insured driver will tra In March and June, transported for the payment shall the This contract shall the	s: nsport or provide ansport the stude the District shall p ast semester. be computed on the erminate at the er	transportation for nts. Mileage con ay the parent the ne basis of the so nd of the school y	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportation opproved in the applicated in Section 20-10-1 student(s) is no longer	or bus stop on the days when son for the distance reported on	school is in session. The parent or the contract actually occurs. acher or principal of the school of the occumpanying this contract.	guardian assures that a licensed and ne number of days the student(s) was		
Elementary School D	District	,	ard of Truste				Date		
High School District Powder River Co Dis	st H S	Chair, Boa	ard of Truste	es			Date		
			l attes	t that the above	information is true and o				
Signature - Parent or	Guardian					Date			

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box	i Public Inst (202501 , MT 59620				chool Year 2004- 2005 e to School Clerk June		
Elementary District Respo	onsible for Re	imbursing the (Contract		County		Legal Entity
High School or K-12 Distr	rict Responsib	le for Reimbur	sing the Cont	ract	County		Legal Entity
Powder River Co	Dist H S				Powder Ri	ver	0706
Is this contract shared □ yes □ no	between el	ementary and	d high schoo	ol?			
Are you applying for is (If yes, please attach e ISOLATION: Section 20-	explanation)		□ No	mhursement	Student Name	School	Grade
rates for special circumsta increased rates, individual trustees of the district, the Public Instruction. (10.7.1	ances of isola al circumstance county trans	tion of residences must be reversely common terms.	ce. In order to riewed and ap nittee, and the	o receive oproved by the	Student Name	School	Grade
Check here only if increase District Trustees and the		portation Comr	mittee.	proved by the	Student Name	School	Grade
Elem District Approval HS District Approval		Initi □ no □ no	ials 		Student Name	School	Grade
	□ yes	□ no			THIS CONTRACT Grades 1-12		
Curtis Terrett		o :,			□ 1st Semester O	•	nly Both Semesters
Physical Address (stre	eet address	only):			Pre-kindergarten/K 1st Semester O	indergarten nly □ 2nd Semester O	nly Both Semesters
Distance from home to Elementary 0 Distance from home to Elementary 0 Contract is for one Students in Each Grade Leve Regular Trans Spec. Ed. Trans Room & Board	HS 43 o nearest bu HS 19 -way only	s stop, if any	(one way)	s contract. 9-12 Total	Kindergarten chil by this contract: To or from Bus Sto To or from School Kindergarten chil To or from Bus Sto To or from School Deadlines: PARENTS: Due to CLERKS: Send or files. COUNTY SUPERI copy for your files.	times per day, times per day, times per day, d rides without other sch p times per day, times per day, times per day, times per day,	days per week da
Reg. Contingency Spec. Ed. Contin.						eimbursement rate is dete 20-10-142, MCA.	ermined by
insured driver will tran 2. In March and June, the transported for the pas 3. The payment shall be	port or provide t sport the studer e District shall p st semester. computed on th	ransportation for this. Mileage contribute parent the parent the the basis of the sch	the student(s) to racts are valid of sum officially a nedule establish	o and from the school only when transportatic pproved in the applica ned in Section 20-10-1	on for the distance reported on the	cict(s). pool is in session. The parent or guacontract actually occurs. there or principal of the school of the companying this contract.	ardian assures that a licensed and number of days the student(s) was
Elementary School Dis		1	rd of Truste				Date
High School District Powder River Co Dist	HS	Chair, Boar	rd of Truste	es			Date
			I attes	t that the above i	nformation is true and cor	rect.	
Signature - Parent or Gu	uardian					Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Bo	ox 202501 a, MT 59620								
Elementary District Res			Contract		County		Legal Entity		
High School or K-12 Dis		ole for Reimbu	irsing the Conf	tract	County		Legal Entity		
Powder River Co			al letale a alea	-10	Powder	River	0706		
Is this contract share ☐ yes ☐ no		·	Ü	01?					
Are you applying for (If yes, please attach ISOLATION: Section 2	explanation)	1	□ No	mbursement	Student Name	School	Grade		
rates for special circum- increased rates, individi trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appropriate in the contract of the	o receive oproved by the	Student Name	School	Grade		
Check here only if incre	ased payment	due to isolatio	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval HS District Approval	□ yes		itials		Student Name	School	Grade		
County Approval	□ yes	□ no			THIS CONTRA Grades 1-12	CT IS FOR:			
Parent or Guardian N	Name: (Pleas	e Print)				r Only	Only Doth Semesters		
Darrel Smith Physical Address (st	reet address	only):			Pre-kindergarte □ 1st Semeste	n/Kindergarten r Only □ 2nd Semestei	Only		
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for on Students in Each Grade Lee Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 47 to nearest bu HS 22 ne-way only	us stop, if any	y (one way)	is contract. 9-12 Total	KINDERGARTEN/PREKINDERGARTEN: Kindergarten child rides with other school-age students also c by this contract: To or from Bus Stop times per day, days per To or from School times per day, days per Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per To or from School times per day, days per To or from School times per day, days per Deadlines: PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by July 1, retain a copy for files. COUNTY SUPERINTENDENTS: Send original to OPI by July 10, recopy for your files. REIMBURSEMENT RATE (For district, county and OPI use only) Reimbursement rate is determined by 20-10-142, MCA.				
insured driver will tra In March and June, transported for the payment shall the This contract shall the	s: nsport or provide ansport the stude the District shall p ast semester. be computed on the erminate at the er	transportation for nts. Mileage con ay the parent the ne basis of the so nd of the school y	r the student(s) to atracts are valid of e sum officially a chedule establish year or when the	o and from the school only when transportati ipproved in the applica- ned in Section 20-10-1 student(s) is no longer	ter referred to as the D or bus stop on the days when on for the distance reported or	school is in session. The parent or the contract actually occurs. eacher or principal of the school of accompanying this contract.	guardian assures that a licensed and the number of days the student(s) was		
Elementary School D	District	,	ard of Truste				Date		
High School District Powder River Co Dis	st H S	Chair, Boa	ard of Truste	es			Date		
			l attes	t that the above	information is true and				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	1	Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Powder River C	o Dist H S				Powder River		0706		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attact	h explanation))	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and a mittee, and th	o receive oproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade		
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Don Pearce Physical Address (s	treet address	only):			Pre-kindergarten/Kinde				
1 Hysical Address (s	dicet address	Offig).			1st Semester OnlyKINDERGARTEN/PRE		ly Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 12	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	times per day, times per day, times per day, tes without other scho	days per week days per week days per week col-age students: days per week days per week days per week days per week		
□ Contract is for o	ne-way only					times per day,	days per week		
Students in Each Grade L	evel - Only include	the students to b	e covered by th	is contract.	<u>Deadlines:</u> PARENTS: Due to Sci	hool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send original files.	al to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans					COUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain				
Spec. Ed. Trans					copy for your files.				
Room & Board					R	EIMBURSEMENT R strict, county and OP			
Correspondence						·			
Reg. Contingency					Reiml	oursement rate is determined and 20-10-142, MCA.	mined by		
Spec. Ed. Contin.						20-10-142, WOA.			
Agreement between	ı parent (parei	nt name)		On which has a large	, and school district (dis	,	,		
(county name) The parties agree as follow 1. The parent shall tra		transportation for		•	fter referred to as the District(s I or bus stop on the days when school is	•	dian assures that a licensed and		
insured driver will t 2. In March and June	ransport the stude	nts. Mileage con	tracts are valid	only when transportati	ion for the distance reported on the contration upon certification by the teacher or	act actually occurs.			
transported for the 3. The payment shall	be computed on the	ne basis of the so	hedule establish	ned in Section 20-10-	142, MCA, and the information accompar er enrolled in school, whichever occurs fi	nying this contract.			
4. This contract shall Elementary School			ard of Truste		or carolica ili scribor, whichever occurs ti	. J. C.	Date		
High School District Powder River Co D		Chair, Boa	ard of Truste	es			Date		
			I attes	t that the above	information is true and correct.				
Signature - Parent or	Guardian					Date			

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620	-2501			School Year 2 ie to School (
Elementary District Re	sponsible for Re	eimbursing the	Contract		Co	ounty	-	Legal Entity	
High School or K-12 D	istrict Responsit	ole for Reimbu	sing the Cont	ract	Co	ounty		Legal Entity	
Powder River C	o Dist H S				Р	owder River		0706	
Is this contract share □ yes □ no	ed between el	ementary an	d high schoo	ol?					
Are you applying for (If yes, please attack	h explanation)	1			Student	Name	School	Grade	
rates for special circum increased rates, individurustees of the district, Public Instruction. (10.)	nstances of isola dual circumstand the county trans	ition of residen ces must be re- sportation comi	ce. In order to viewed and ap mittee, and the	o receive oproved by the	Student	Name	School	Grade	
Check here only if incre District Trustees and the		portation Com	mittee.	proved by the	Student	Name	School	Grade	
Elem District Approval		□ no	tials 		Student	Name	School	Grade	
	□ yes	□ no			THIS CONTRACT IS FOR: Grades 1-12				
Parent or Guardian	Name: (Pleas	e Print)				1-12 Semester Only	□ 2nd Semester Onl	y Both Semesters	
Donna Mader					Pre-kind	dergarten/Kinder	garten		
Physical Address (s	treet address	only):			□ 1st S	Semester Only	□ 2nd Semester Onl	y Both Semesters	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 35 to nearest bu HS 6	·	• /		Kinder by this To or fro To or fro Kinder To or fro	garten child ride contract: om Bus Stop om School garten child ride om Bus Stop	times per day, times per day, _ es <u>without</u> other scho times per day,	days per week days per week days per week pol-age students: days per week days per week days per week	
Students in Each Grade Le	, ,	the students to b	e covered by thi	s contract.	<u>Deadl</u>				
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK		ool Clerk June 1. I to County Supt by Jul	y 1, retain a copy for your	
Regular Trans					files.				
Spec. Ed. Trans						Y SUPERINTER your files.	IDENIS: Send origina	al to OPI by July 10, retain a	
Room & Board							EIMBURSEMENT RA		
Correspondence						,	· •	,	
Reg. Contingency						Reimb	ursement rate is deterr	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
	.,								
Agreement between	i parent (parei	nt name)				hool district (dist		, ,	
insured driver will to 2. In March and June, transported for the	ansport or provide t ransport the studer , the District shall p past semester.	nts. Mileage cont pay the parent the	the student(s) to tracts are valid of sum officially a	o and from the school only when transportati pproved in the applica	or bus stop on the on for the distance ration upon certificati	eported on the contra	session. The parent or guard ct actually occurs. rincipal of the school of the nu	dian assures that a licensed and imber of days the student(s) was	
4. This contract shall Elementary School	terminate at the er	d of the school y	ear or when the rd of Truste	student(s) is no longe	er enrolled in school	, whichever occurs firs	st.	Date	
High School District Powder River Co Di		Chair, Boa	rd of Truste	es				Date	
. Swall ravel ou Di			I attes	t that the above	information is t	rue and correct.		<u> </u>	
Signature - Parent or	Guardian						Date		

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620			School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Responsible for Re	eimbursing the Cont	tract	County		Legal Entity
High School or K-12 District Responsi	ble for Reimbursing	the Contract	County		Legal Entity
Powder River Co Dist H S			Powder River		0706
Is this contract shared between e □ yes □ no	lementary and hig	gh school?			
Are you applying for isolation stat (If yes, please attach explanation ISOLATION: Section 20-10-142, MC.)	No	Student Name	School	Grade
rates for special circumstances of isola increased rates, individual circumstan trustees of the district, the county tran Public Instruction. (10.7.116 ARM pro	ation of residence. ces must be reviewe sportation committe	In order to receive ed and approved by the e, and the Office of	Student Name	School	Grade
Check here only if increased payment District Trustees and the County Trans	due to isolation has	s been approved by the	Student Name	School	Grade
	□ no	<u></u>	Student Name	School	Grade
County Approval	□ no		THIS CONTRACT IS FO	<u>DR:</u>	
Parent or Guardian Name: (Pleas	se Print)		☐ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Jana Kelly Physical Address (street address	only):		Pre-kindergarten/Kinder		
Physical Address (street address	only).		☐ 1st Semester Only	☐ 2nd Semester Only	y Both Semesters
Distance from home to nearest so Elementary 0 HS 50 Distance from home to nearest be Elementary 0 HS 13 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	us stop, if any (on the students to be cov		by this contract: To or from Bus Stop To or from School Kindergarten child ride To or from Bus Stop To or from School Deadlines: PARENTS: Due to School CLERKS: Send original files. COUNTY SUPERINTEN copy for your files. RE (For dist	times per day,	days per week da
insured driver will transport the stude 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on the past semester.	transportation for the s ints. Mileage contracts pay the parent the sum the basis of the schedul	tudent(s) to and from the schoo are valid only when transportat officially approved in the applic e established in Section 20-10- r when the student(s) is no long f Trustees	, and school district (district referred to as the District(s). If or bus stop on the days when school is in ition for the distance reported on the contractation upon certification by the teacher or p. 142, MCA, and the information accompanyer enrolled in school, whichever occurs firs	session. The parent or guard ct actually occurs. rincipal of the school of the nui	
		I attest that the above	information is true and correct.		
Signature - Parent or Guardian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			school Year 2 e to School C			
Elementary District Re	esponsible for Re	eimbursing the	Contract		Co	unty		Legal Entity
High School or K-12 D	District Responsi	ble for Reimbur	sing the Cont	ract	Co	unty		Legal Entity
Powder River C	o Dist H S				P	owder River		0706
Is this contract shar ☐ yes ☐ no	red between e	lementary and	d high scho	ol?				
Are you applying fo	h explanation)	□ No		Student	Name	School	Grade
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residen ces must be rev sportation comi	ce. In order to viewed and apmittee, and the	o receive oproved by the	Student	Name	School	Grade
Check here only if inconstruct Trustees and t	reased payment	due to isolation	n has been ap	proved by the	Student	Name	School	Grade
Elem District Approval	-		tials		Student	Name	School	Grade
HS District Approval County Approval		□ no □ no				ONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st S		□ 2nd Semester Onl	y Both Semesters
Janice Stevens Physical Address (s		only):				lergarten/Kinder emester Only	garten □ 2nd Semester Onl	y □ Both Semesters
Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 22.5 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency						times per day,times per day,times per day,es without other schotimes per day,times per day,	days per week da
insured driver will In March and June transported for the The payment shall This contract shall	ws: ansport or provide transport the stude , the District shall p past semester. I be computed on to	transportation for nts. Mileage confo pay the parent the the basis of the sc and of the school y	the student(s) to tracts are valid of e sum officially a hedule establish ear or when the	only when transportation pproved in the application and in Section 20-10-10 student(s) is no longe	ter referred to a or bus stop on the con for the distance r stion upon certification 42, MCA, and the ir	lays when school is in eported on the contra on by the teacher or p	session. The parent or guard ct actually occurs. rincipal of the school of the nu	lian assures that a licensed and mber of days the student(s) was
Elementary School	District	Chair, Boa	rd of Truste	es				Date
High School District Powder River Co D		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information is t	rue and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620)-2501			chool Year 2004 e to School Clei			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Count	у		Legal Entity
High School or K-12 Di	strict Responsit	ole for Reimbur	sing the Con	tract	Count	у		Legal Entity
Powder River Co	Dist H S				Pow	der River		0706
Is this contract share ☐ yes ☐ no	ed between el	ementary and	d high scho	ol?				
Are you applying for (If yes, please attach	n explanation))	□ No		Student Na	ime	School	Grade
rates for special circum increased rates, individ trustees of the district, 1 Public Instruction. (10.7)	ation of residend ces must be revision community	ce. In order t viewed and ap mittee, and th	o receive oproved by the	Student Na	ime	School	Grade	
Check here only if incre District Trustees and th			proved by the	Student Na	ime	School	Grade	
		□ no	ials 		Student Na	ime	School	Grade
HS District Approval County Approval		□ no □ no				TRACT IS FO	DR:	
Parent or Guardian I	Name: (Pleas	e Print)			Grades 1-1 □ 1st Sem	2 ester Only	□ 2nd Semester On	ly Both Semesters
Kay Ulrich					Pre-kinderg	garten/Kinder	garten	
Physical Address (st	reet address	only):			□ 1st Sem	ester Only	☐ 2nd Semester On	ly Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 0				Kindergari by this con To or from To or from Kindergari	ten child ridentract: Bus Stop School ten child ride	times per day, times per day, times per day, times per day, times without other schools	days per week days per week days per week bol-age students: days per week days per week days per week
□ Contract is for or	, ,							
Students in Each Grade Le					<u>Deadline</u> PARENTS	: Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: files.	Send origina	I to County Supt by Ju	ly 1, retain a copy for your
Regular Trans Spec. Ed. Trans					COUNTY S		IDENTS: Send origina	al to OPI by July 10, retain a
Room & Board						RE	EIMBURSEMENT R	
Correspondence						(For dist	rict, county and OP	i use only)
Reg. Contingency						Reimb	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (parei	nt name)				ol district (dist	,	· · · · · · · · · · · · · · · · · · ·
(county name) The parties agree as follow				•	er referred to as t	` '		
insured driver will tr	ansport the stude	nts. Mileage cont	racts are valid	only when transportation	on for the distance repor	ted on the contra	ct actually occurs.	dian assures that a licensed and umber of days the student(s) was
transported for the p 3. The payment shall I	past semester. be computed on the	ne basis of the sch	nedule establisi	ned in Section 20-10-1	42, MCA, and the inform	nation accompany	ying this contract.	
4. This contract shall t Elementary School [erminate at the er	nd of the school ye	ear or when the rd of Truste	student(s) is no longe	r enrolled in school, whi	chever occurs firs	st.	Date
High School District Powder River Co Dis		Chair, Boa	rd of Truste	es				Date
. Owder raver do Dis		<u> </u>	I attes	t that the above i	nformation is true	and correct.		
Signature - Parent or	Guardian						Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

<u> </u>		L	-1	-
ı .n	m	ra	CT	H

Elementary District Responsible for Reimbursing the Contract High School or K-12 Detrict Responsible for Reimbursing the Contract High School or K-12 Detrict Responsible for Reimbursing the Contract South Powder River O Dist H S Is this contract shared between elementary and high school? Is this contract shared between elementary and high school? Is the properties of the state of the st	Office of Public Ins PO Box 202501 Helena, MT 5962			School Year 2004- 2005 Due to School Clerk June 1	
State contract shared between elementary and high school? yes no	Elementary District Responsible for R	eimbursing the Cor	ntract	County	Legal Entity
Is this contract shared between elementary and high school? yes yes yes yes yes yes yes yes yes ye	High School or K-12 District Respons	ible for Reimbursing	g the Contract	County	Legal Entity
Are you applying for isolation status? Yes	Powder River Co Dist H S			Powder River	0706
Student Name		elementary and hi	igh school?		
Student Name School Grade Student Name School G	(If yes, please attach explanation	1)		Student Name School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no School Grade Student Name School Grade S	rates for special circumstances of isol increased rates, individual circumstar trustees of the district, the county tran	ation of residence. ices must be review isportation committed	In order to receive yed and approved by the ee, and the Office of	Student Name School	Grade
Substinct Approval yes	Check here only if increased payment	t due to isolation ha	s been approved by the	Student Name School	Grade
Pre-kindergarten yes no	Elem District Approval ☐ yes	Initials □ no		Student Name School	Grade
Statement of Outdrain Name. (Please Print) Statement of Outdrain Name. (Please Print) Both Semesters	County Approval				
Physical Address (street address only): Stance from home to nearest school (one way) 1st Semester Only 2nd Semester Onl	,	se Print)			Only Both Semesters
Stance from home to nearest school (one way) Stance from home to nearest school (one way) HS 50		only).		Pre-kindergarten/Kindergarten	and Dath Compostors
Distance from home to nearest school (one way) HS 50	Triyolodi / ladi ooc (oli ooc addi ooc	, o ,			only Both Semesters
(county name)	Distance from home to nearest beliementary 0 HS 20 Contract is for one-way only Students in Each Grade Level - Only include Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency	us stop, if any (or e the students to be co	vered by this contract.	Kindergarten child rides with other school by this contract: To or from Bus Stop times per day To or from School times per day Kindergarten child rides without other sc To or from Bus Stop times per day To or from School times per day To or from School times per day Each Clerk School Clerk June 1. CLERKS: Send original to County Supt by files. COUNTY SUPERINTENDENTS: Send original copy for your files. REIMBURSEMENT (For district, county and O Reimbursement rate is determined.	days per week days per week hool-age students: days per week days per we
Powder River Co Dist H S I attest that the above information is true and correct.	(county name) The parties agree as follows: 1. The parent shall transport or provide insured driver will transport the stude. 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on 4. This contract shall terminate at the e	transportation for the ents. Mileage contract pay the parent the sun the basis of the schedu	County, here student(s) to and from the sis are valid only when transpin officially approved in the aule established in Section 20 or when the student(s) is no	cinafter referred to as the District(s). Chool or bus stop on the days when school is in session. The parent or guoritation for the distance reported on the contract actually occurs. pplication upon certification by the teacher or principal of the school of the 0-10-142, MCA, and the information accompanying this contract.	number of days the student(s) was
I attest that the above information is true and correct.		Chair, Board	of Trustees		Date
	Powder River Co Dist H S		Lattest that the ab-	ove information is true and correct	
Organization of Guardian Living	Signature - Parent or Guardian		r allest that the abo	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2004- 2 e to School Clerk J		
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity
High School or K-12 D	istrict Responsi	ble for Reimbur	sing the Con	ract	County		Legal Entity
Powder River C	o Dist H S				Powder	River	0706
Is this contract shar ☐ yes ☐ no	red between e	lementary and	d high scho	ol?			
Are you applying fo (If yes, please attaction: Section	h explanation)	□ No		Student Name	School	Grade
rates for special circur increased rates, indivi- trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of residen- ces must be rev sportation comr	ce. In order t viewed and ap mittee, and th	o receive oproved by the	Student Name	School	Grade
Check here only if incomplistrict Trustees and t	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	□ yes	Init	ials		Student Name	School	Grade
HS District Approval County Approval		□ no □ no			THIS CONTRA	ACT IS FOR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semeste	er Only	ter Only Both Semesters
Larry Clements Physical Address (s		only):				en/Kindergarten er Only □ 2nd Semes	ter Only Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for o Students in Each Grade L Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg.	HS 34.5 e to nearest bu HS 9.2 ne-way only	us stop, if any	(one way)	is contract. 9-12 Total	by this contra To or from Bus To or from Sch Kindergarten To or from Bus To or from Sch Deadlines: PARENTS: Do CLERKS: Ser files. COUNTY SUP copy for your fi	ct: Stop times per ool times per child rides without other Stop times per ool times per ool times per use to School Clerk June 1 and original to County Supple ERINTENDENTS: Send les. REIMBURSEME (For district, county an	days per week da
Contingency Spec. Ed. Contin.						Reimbursement rate is 20-10-142, N	
insured driver will 2. In March and June transported for the 3. The payment shall	ws: ansport or provide transport the stude the District shall to past semester. I be computed on the	transportation for nts. Mileage cont pay the parent the the basis of the scl	the student(s) tracts are valid of sum officially a	o and from the school only when transportation pproved in the applicated in Section 20-10-1	ter referred to as the I or bus stop on the days when for the distance reported cotion upon certification by the	n school is in session. The paren in the contract actually occurs. teacher or principal of the school in accompanying this contract.	t or guardian assures that a licensed and of the number of days the student(s) was
Elementary School			rd of Truste				Date
High School District Powder River Co D		Chair, Boa	rd of Truste	es			Date
			I attes	t that the above i	nformation is true and	I correct.	
Signature - Parent or	Guardian					Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	Box 202501 na, MT 59620)-2501			chool Year 2004- 2 e to School Clerk Ju			
Elementary District Re	esponsible for Re	eimbursing the	Contract		County		Legal Entity	
High School or K-12 D	istrict Responsi	ble for Reimbu	rsing the Con	tract	County		Legal Entity	
Powder River C	o Dist H S				Powder	River	0706	
Is this contract shar □ yes □ no	red between e	lementary an	d high scho	ol?				
Are you applying fo	h explanation)	□ No		Student Name	School	ol Grad	əb
ISOLATION: Section rates for special circur increased rates, indivitrustees of the district, Public Instruction. (10)	nstances of isola dual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student Name	Schoo	Grad	— ek
Check here only if incl District Trustees and t	reased payment	due to isolation	n has been ap	pproved by the	Student Name	Schoo	ol Grad	əb
Elem District Approval	-		tials		Student Name	Schoo	ol Grad	j e
HS District Approval County Approval		□ no □ no			THIS CONTRA	ACT IS FOR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semeste	er Only 2nd Sen	nester Only Both Semesters	
Marcy Davis Physical Address (s	street address	only):				en/Kindergarten er Only □ 2nd Sen	nester Only Both Semesters	
						EN/PREKINDERGAF	,	
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for contract in the contract	HS 45 e to nearest bu HS 25	,			by this contractor or from Bus To or from Sch Kindergarten	ct: Stop times ool times child rides without o	per day, days per wee per day, days per wee ther school-age students: per day, days per wee per day, days per wee per day, days per wee	ek ek
Students in Each Grade L	• •	the students to b	e covered by th	is contract.	Deadlines:			
	Pre-K	К	1-8	9-12	PARENTS: Du	ue to School Clerk Jur	ne 1.	
D 1 T	Total	Total	Total	Total	CLERKS: Sen files.	nd original to County S	supt by July 1, retain a copy for you	ır
Regular Trans Spec. Ed. Trans					COUNTY SUP		end original to OPI by July 10, retain	n a
Room & Board						REIMBURSE		
Correspondence						(For district, county	and OPI use only)	
Reg. Contingency Spec. Ed. Contin.						Reimbursement rat		
opec. Lu. Contill.								
Agreement between	n parent (pare	nt name)		1	, and school dis	strict (district name)		
insured driver will 2. In March and June transported for the 3. The payment shal	ansport or provide transport the stude e, the District shall p past semester. I be computed on the	nts. Mileage con pay the parent the	the student(s) t tracts are valid of e sum officially a	o and from the school only when transportation approved in the applicated in Section 20-10-1	on for the distance reported o	n school is in session. The part the contract actually occurs teacher or principal of the school accompanying this contract	nool of the number of days the student(s) was	
Elementary School			ard of Truste				Date	
High School Distric Powder River Co D		Chair, Boa	ard of Truste	es			Date	
			I attes	t that the above i	nformation is true and	I correct.		
Signature - Parent or	Guardian					Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO B	ox 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Res	sponsible for Re	eimbursing the	Contract		County	<u> </u>	Legal Entity
High School or K-12 Di	strict Responsi	ole for Reimbu	rsing the Conf	ract	County		Legal Entity
Powder River C	o Dist H S				Powder River		0706
Is this contract share □ yes □ no	ed between e	ementary an	d high school	ol?			
Are you applying for (If yes, please attacl	n explanation)	□ No		Student Name	School	Grade
rates for special circum increased rates, individual trustees of the district.	nstances of isola lual circumstand the county trans	ation of resident ces must be re- sportation com-	ice. In order to viewed and ap mittee, and the	o receive oproved by the	Student Name	School	Grade
Public Instruction. (10.7) Check here only if incre District Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Student Name	School	Grade
Elem District Approval	-		tials		Student Name	School	Grade
HS District Approval County Approval	•	□ no □ no			THIS CONTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	y Both Semesters
Mark Wiltse Physical Address (s	troot address	only):			Pre-kindergarten/Kinde		
Filysical Address (s	ireet address	Offig).			 1st Semester Only KINDERGARTEN/PRE 		y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0 Contract is for or	HS 50 to nearest bu HS 15	·			Kindergarten child rid by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	es <u>with</u> other school-a times per day, _ times per day, _ es <u>without</u> other scho times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by the	is contract.	Deadlines: PARENTS: Due to Sch	nool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send origina		y 1, retain a copy for your
Regular Trans					files.	NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans					copy for your files.	TIPLITIO. Gend ongina	The of F by only To, Telam u
Room & Board					RI	EIMBURSEMENT RA trict, county and OPI	
Correspondence Reg.							
Contingency Spec. Ed. Contin.					Reimb	oursement rate is detern 20-10-142, MCA.	nined by
Agreement between	parent (pare	nt name)			, and school district (dis	trict name)	,
insured driver will to 2. In March and June, transported for the 3. The payment shall	nsport or provide ransport the stude the District shall p past semester. be computed on to	nts. Mileage compay the parent the	the student(s) to tracts are valid of e sum officially a chedule establish	o and from the school only when transportati pproved in the applicated in Section 20-10-	fter referred to as the District(s) or bus stop on the days when school is in one for the distance reported on the contration upon certification by the teacher or part of the distance of the	n session. The parent or guard act actually occurs. orincipal of the school of the nullying this contract.	
Elementary School I		,	ard of Truste				Date
High School District Powder River Co Di		Chair, Boa	ard of Truste	es			Date
			I attes	t that the above	information is true and correct.		
Signature - Parent or	Guardian	_				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO E	Box 202501 na, MT 59620				School Year 2004- 2005 ue to School Clerk June 1				
Elementary District Re	sponsible for Re	eimbursing the	Contract		County	<u>'</u>	Legal Entity		
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	County		Legal Entity		
Powder River C	o Dist H S				Powder River		0706		
Is this contract shar ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attact	h explanation))	□ No		Student Name	School	Grade		
ISOLATION: Section rates for special circun increased rates, individe trustees of the district, Public Instruction. (10.	nstances of isola dual circumstand the county trans	ation of resident ces must be re- sportation com-	ce. In order to viewed and a mittee, and th	to receive pproved by the	Student Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	n has been ap	pproved by the	Student Name	School	Grade		
Elem District Approval	□ yes	Ini □ no	tials		Student Name	School	Grade		
HS District Approval County Approval		□ no □ no			THIS CONTRACT IS FOR:				
Parent or Guardian	Name: (Pleas	e Print)			Grades 1-12 ☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Peggy Fruit	44				Pre-kindergarten/Kinde				
Physical Address (s	street address	only):			☐ 1st Semester Only	□ 2nd Semester On	ly Both Semesters		
Distance from home Elementary 0 Distance from home Elementary 0	HS 13.6	·			by this contract: To or from Bus Stop To or from School Kindergarten child rid To or from Bus Stop	es with other school- times per day, times per day, es without other scho times per day,	days per week days per week days per week col-age students: days per week days per week days per week		
☐ Contract is for o	, ,	the aturdants to b	a account by the	io contract	Deadlines:				
Students in Each Grade L				, ,	PARENTS: Due to Sch	nool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERKS: Send originatiles.	al to County Supt by Ju	ly 1, retain a copy for your		
Regular Trans Spec. Ed. Trans					COUNTY SUPERINTER copy for your files.	NDENTS: Send origina	al to OPI by July 10, retain a		
Room & Board						EIMBURSEMENT R	ATE		
Correspondence						trict, county and OP			
Reg. Contingency Spec. Ed. Contin.					Reimb	oursement rate is determined to 20-10-142, MCA.	mined by		
									
Agreement between	n parent (parer	nt name)	1-2-2-1-2-1-2-1-2-1	1	, and school district (dis	trict name)			
insured driver will to a line March and June transported for the 3. The payment shall this contract shall	ansport or provide to transport the student, the District shall properties past semester. be computed on the terminate at the en	nts. Mileage compay the parent the ne basis of the so	the student(s) t tracts are valid s sum officially a hedule establish ear or when the	o and from the school only when transportating approved in the applicated in Section 20-10-estudent(s) is no longer	fter referred to as the District(s) or bus stop on the days when school is it on for the distance reported on the contration upon certification by the teacher or part of the distance of the	n session. The parent or guaract actually occurs. orincipal of the school of the nursing this contract.	umber of days the student(s) was		
Elementary School		,	rd of Truste				Date		
High School District Powder River Co Di		Chair, Boa	rd of Truste	ees			Date		
Cianat 5	0		I attes	t that the above	information is true and correct.	I Dete			
Signature - Parent or	Guardian					Date			

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Address, City, Zip Code

Contract #

PO Box 202	blic Instruction 2501 59620-2501		School Year 2004- 2005 Due to School Clerk June 1		
Elementary District Responsib	le for Reimbursing the Co	ntract	County	1	Legal Entity
High School or K-12 District R	esponsible for Reimbursii	ig the Contract	County		Legal Entity
Powder River Co Dis			Powder Rive	r	0706
ls this contract shared betv □ yes □ no	ween elementary and l	nigh school?			
Are you applying for isolati (If yes, please attach explain ISOLATION: Section 20-10-1	nation)	□ No	Student Name	School	Grade
rates for special circumstance: increased rates, individual circ trustees of the district, the cou Public Instruction. (10.7.116 A	s of isolation of residence umstances must be revie nty transportation commit	In order to receive wed and approved by the tee, and the Office of	Student Name	School	Grade
Check here only if increased p District Trustees and the Cour	ty Transportation Commi	tee.	Student Name	School	Grade
Elem District Approval	s 🗆 no	S 	Student Name	School	Grade
County Approval			THIS CONTRACT IS Grades 1-12		
Peggy Kolka	(,		□ 1st Semester Only		ly Both Semesters
Physical Address (street a	ddress only):		Pre-kindergarten/Kind ☐ 1st Semester Only		ly Both Semesters
			KINDERGARTEN/PR	EKINDERGARTEN:	
,	S 50		by this contract: To or from Bus Stop_ To or from School	times per day,	age students also covered days per week days per week
Distance from home to nea Elementary 0 HS 1		one way)	To or from Bus Stop_	des <u>without</u> other scho times per day, times per day,	pol-age students: days per week days per week
☐ Contract is for one-way	•	and the state of			
Students in Each Grade Level - On			Deadlines: PARENTS: Due to So	chool Clerk June 1.	
Pre To	e-K K tal Total	1-8 9-12 Total Total	CLERKS: Send origin files.	nal to County Supt by Ju	ly 1, retain a copy for your
Regular Trans Spec. Ed. Trans				ENDENTS: Send origina	al to OPI by July 10, retain a
			copy for your files.		ATE
Room & Board Correspondence				REIMBURSEMENT R strict, county and OP	
Reg.			Rein	nbursement rate is deter	mined by
Contingency Spec. Ed. Contin.				20-10-142, MCA.	
Agreement between paren	t (parent name)		, and school district (di	strict name)	,
(county name)		County, here	einafter referred to as the District(s).	
			chool or bus stop on the days when school is		dian assures that a licensed and
	rict shall pay the parent the su		ortation for the distance reported on the con application upon certification by the teacher of		umber of days the student(s) was
The payment shall be comp	uted on the basis of the sched	ule established in Section 20 or when the student(s) is no	0-10-142, MCA, and the information accompa- longer enrolled in school, whichever occurs	anying this contract. first.	
Elementary School District					Date
High School District Powder River Co Dist H S	Chair, Board	of Trustees			Date
		I attest that the abo	ove information is true and correc	t.	
Signature - Parent or Guardi	an			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 2025 Helena, MT 5	01		School Year 2004- 2005 ue to School Clerk June 1		
Elementary District Responsible	for Reimbursing the Co	ntract	County		Legal Entity
High School or K-12 District Res	ponsible for Reimbursin	g the Contract	County		Legal Entity
Powder River Co Dist I	H S		Powder River		0706
Is this contract shared betwee ☐ yes ☐ no	en elementary and h	igh school?			
Are you applying for isolation (If yes, please attach explana	ation)	□ No	Student Name	School	Grade
ISOLATION: Section 20-10-142 rates for special circumstances cincreased rates, individual circumstrustees of the district, the country	of isolation of residence. Instances must be review It transportation committed.	In order to receive wed and approved by the ee, and the Office of	Student Name	School	Grade
Public Instruction. (10.7.116 ARI Check here only if increased pay District Trustees and the County	ment due to isolation ha	as been approved by the	Student Name	School	Grade
Elem District Approval	Initials □ no		Student Name	School	Grade
HS District Approval ☐ yes County Approval ☐ yes	□ no		THIS CONTRACT IS FO	<u>R:</u>	
Parent or Guardian Name: (I	Please Print)		Grades 1-12 □ 1st Semester Only	□ 2nd Semester Only	v □ Both Semesters
Penne Traub			Pre-kindergarten/Kinderg	arten	
Physical Address (street add	ress only):		☐ 1st Semester Only		□ Both Semesters
Distance from home to neare Elementary 0 HS 0 Distance from home to neare Elementary 0 HS 7 Contract is for one-way of Students in Each Grade Level - Only in Total Regular Trans Spec. Ed. Trans Room & Board Correspondence	est bus stop, if any (conly notice the students to be constituted the students to be constituted to the students t		by this contract: To or from Bus Stop To or from School Kindergarten child rides To or from Bus Stop To or from School Deadlines: PARENTS: Due to Scho CLERKS: Send original files. COUNTY SUPERINTENI copy for your files. REI	times per day, times per day, times per day, s without other school times per day, times per day, times per day, times per day, to Clerk June 1.	I to OPI by July 10, retain a
Correspondence Reg. Contingency Spec. Ed. Contin.			Reimbu	rsement rate is determ 20-10-142, MCA.	nined by
insured driver will transport the In March and June, the District transported for the past semes The payment shall be computed	rovide transportation for the students. Mileage contrac shall pay the parent the su ter.	student(s) to and from the school to are valid only when transportal m officially approved in the applicule established in Section 20-10.	, and school district (district referred to as the District(s). alor bus stop on the days when school is in sition for the distance reported on the contract cation upon certification by the teacher or prince 142, MCA, and the information accompanying re enrolled in school, whichever occurs first.	session. The parent or guardiactually occurs. ncipal of the school of the num	
Elementary School District	Chair, Board		,		Date
High School District Powder River Co Dist H S	Chair, Board	of Trustees			Date
		I attest that the above	e information is true and correct.		
Signature - Parent or Guardian	1			Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

	ox 202501 na, MT 59620)-2501			chool Year 2 e to School C			
Elementary District Res	sponsible for Re	eimbursing the	Contract		Co	unty		Legal Entity
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Con	tract	Co	unty		Legal Entity
Powder River C	o Dist H S				P	owder River		0706
Is this contract share □ yes □ no	ed between el	ementary an	d high scho	ol?				
Are you applying for (If yes, please attack	h explanation))	□ No		Student	Name	School	Grade
rates for special circum increased rates, individuates of the district,	nstances of isola lual circumstand the county trans	ation of resider ces must be re sportation com	nce. In order to viewed and appoint and the mittee, and the	o receive oproved by the	Student	Name	School	Grade
Public Instruction. (10.) Check here only if incredible increases and the control of the contro	eased payment	due to isolation	n has been ap	pproved by the	Student	Name	School	Grade
Elem District Approval HS District Approval	□ yes	Ini □ no	tials		Student	Name	School	Grade
County Approval	□ yes	□ no □ no			THIS Co	ONTRACT IS FO	OR:	
Parent or Guardian	Name: (Pleas	e Print)					□ 2nd Semester Onl	y Both Semesters
Roger & Lisa Ga Physical Address (s		only):				ergarten/Kinder emester Only	rgarten □ 2nd Semester Onl	y □ Both Semesters
					KINDEF	GARTEN/PRE	KINDERGARTEN:	
Distance from home Elementary 0	HS 8	·			Kindero by this To or fro To or fro	parten child rid contract: om Bus Stop om School	times per day,times per day,	age students also covered days per week days per week days per week
Distance from home Elementary 0	to nearest bu HS 3.5	ıs stop, if an <u>y</u>	y (one way)		Kinderd	arten child rid	es without other scho	ol-age students: days per week days per week
□ Contract is for or	• •						unles per day, _	days per week
Students in Each Grade Le			•		<u>Deadl</u> PAREN	<u>Ines:</u> TS : Due to Sch	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLERK files.	S: Send origina	ll to County Supt by Jul	y 1, retain a copy for your
Regular Trans Spec. Ed. Trans						Y SUPERINTEI your files.	NDENTS: Send origina	al to OPI by July 10, retain a
•					сору ю	·	EIMBURSEMENT RA	ATE
Room & Board Correspondence							trict, county and OPI	
Reg. Contingency						Reimb	ursement rate is detern	nined by
Spec. Ed. Contin.							20-10-142, MCA.	
Agreement between	parent (parer	nt name)			, and scl	nool district (dist	rict name)	,,,,,,,,,,,,
(county name) The parties agree as follow	vs:			County, hereinaft	ter referred to a	s the District(s)		
The parent shall tra insured driver will to 2. In March and June,	ansport or provide t ransport the studer , the District shall p	nts. Mileage con	tracts are valid	only when transportation	on for the distance r	eported on the contra	ct actually occurs.	lian assures that a licensed and mber of days the student(s) was
transported for the 3. The payment shall 4. This contract shall	be computed on th	ne basis of the so	chedule establish	ned in Section 20-10-14 student(s) is no longer	42, MCA, and the ir	formation accompan	ying this contract.	
Elementary School			ard of Truste		i ciliolica III sciloti,	Willower Occurs III	J	Date
High School District Powder River Co Di		Chair, Boa	ard of Truste	es				Date
			l attes	t that the above i	nformation is to	ue and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501			ie to School C			
Elementary District Re	sponsible for Re	eimbursing the	Contract		Col	unty		Legal Entity
Unit October 1 of 40 B	talka Baara	his fee Delant		local control		-1		115.6
High School or K-12 D		ble for Reimbur	sing the Con	tract		unty		Legal Entity
Powder River C		lementary and	d high scho	ol?	PO	wder River		0706
□ yes □ no	04 2011100110	iomontary and	a mgm come	01.				
Are you applying fo (If yes, please attact ISOLATION: Section rates for special circur	h explanation 20-10-142, MC/) A, provides for i	□ No	mbursement	Student	Name	School	Grade
increased rates, individual trustees of the district, Public Instruction. (10.	dual circumstand the county trans	ces must be reve sportation comr	viewed and apmittee, and th	pproved by the	Student		School	Grade
Check here only if incr District Trustees and t		sportation Com	mittee.	pproved by the	Student	Name	School	Grade
Elem District Approval HS District Approval		□ no	ials		Student	Name	School	Grade
County Approval	,	□ no				NTRACT IS F	OR:	
Parent or Guardian	Name: (Pleas	e Print)			Grades ⊂ □ 1st Se	emester Only	☐ 2nd Semester Only	y Both Semesters
Russ Greenwoo					Pre-kind	ergarten/Kinde	garten	
Physical Address (s	treet address	only):			☐ 1st Se	emester Only	□ 2nd Semester Only	y Both Semesters
Distance from home Elementary 0 Distance from home Elementary 0	HS 25 e to nearest bu HS 3.5	·	• /		Kinderg by this of To or fro To or fro Kinderg To or fro	arten child rid contract: m Bus Stop m School arten child rid m Bus Stop	times per day, times per day, _ es <u>without</u> other schoo times per day, _	days per week days per week days per week ol-age students: days per week days per week days per week
 Contract is for o Students in Each Grade L 	• •	the students to be	e covered by th	is contract	Deadli	nes:		
	Pre-K	K	1-8	9-12			ool Clerk June 1.	
	Total	Total	Total	Total	CLERKS files.	3: Send origina	l to County Supt by July	y 1, retain a copy for your
Regular Trans							NDENTS: Send origina	I to OPI by July 10, retain a
Spec. Ed. Trans		+			copy for	your files.		
Room & Board Correspondence							EIMBURSEMENT RA trict, county and OPI	
Reg.						_		
Contingency						Reimb	ursement rate is determ 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
A		nt n				and district (dist	wist a success	
Agreement between	n parent (pare	nt name)						, , , , , , , , , , , , , , , , , , , ,
(county name) The parties agree as follow				County, hereinaf		` '		
insured driver will to 2. In March and June	ransport the stude , the District shall	nts. Mileage cont	racts are valid	only when transportation	on for the distance re	ported on the contra	ct actually occurs.	ian assures that a licensed and mber of days the student(s) was
	be computed on t			ned in Section 20-10-1				
4. This contract shall Elementary School			rd of Truste	estudent(s) is no longe es	er enrolled in school,	wnichever occurs fir	SI.	Date
High School District Powder River Co D		Chair, Boa	rd of Truste	es				Date
			l attes	t that the above	information is tr	ue and correct.		•
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	<u> </u>	Legal Entity
Broadus Elem						Powder River		0705
High School or K-12 Di	strict Responsib	le for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	ed between ele	ementary an	d high schoo	ol?				
Are you applying for	isolation statu	ıs? □ Yes	□ No		Stu	dent Name	School	Grade
(If yes, please attack ISOLATION: Section 2	20-10-142, MCA	, provides for			Stut	dent Name	301001	Grade
rates for special circum increased rates, individ trustees of the district, Public Instruction. (10.7)	lual circumstanc the county trans	es must be re- portation com	viewed and apmittee, and the	proved by the	Stud	dent Name	School	Grade
Check here only if incre District Trustees and th		portation Com	mittee.	proved by the	Stud	dent Name	School	Grade
Elem District Approval HS District Approval	•	no	tials		Stud	dent Name	School	Grade
County Approval	□ yes □	no				S CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Please	e Print)				st Semester Only	□ 2nd Semester On	ly Doth Semesters
Carlene Gaskill Physical Address (s	treet address i	only).				-kindergarten/Kinderg		h
1 Hydiodi / Idai eda (d	ireet daarees v	5111 y).				•	☐ 2nd Semester On	lly Both Semesters
Distance from home Elementary 32 Distance from home Elementary 6 Contract is for or Students in Each Grade Lead	HS 0 to nearest bu HS 0 ne-way only	s stop, if any	/ (one way)	is contract.	Kind by the Took Kind Took Took	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop	times per day, times per day, times per day, s without other sche times per day, times per day, times per day,	days per week days per week days per week ool-age students: days per week days per week days per week
	Total	Total	Total	Total	CLE files		to County Supt by Ju	lly 1, retain a copy for your
Regular Trans					COI	UNTY SUPERINTEN	IDENTS: Send origin	al to OPI by July 10, retain a
Spec. Ed. Trans					cop	y for your files.		
Room & Board							IMBURSEMENT R rict, county and OP	
Correspondence						(3 3.3	,,	, , , ,
Reg. Contingency						Reimbi	ursement rate is deter	mined by
Spec. Ed. Contin.							20-10-142, MCA.	
	vs:	ransportation for	the student(s) to	o and from the school	ter referred	d school district (district (s). I to as the District(s). the days when school is in nice reported on the contract	session. The parent or guar	rdian assures that a licensed and
 In March and June, transported for the 	the District shall p past semester.	ay the parent the	sum officially a	pproved in the applica	ation upon certi	ification by the teacher or pr	rincipal of the school of the no	umber of days the student(s) was
 This contract shall 	terminate at the en	d of the school y		student(s) is no longe		the information accompany chool, whichever occurs firs		Date
Elementary School I Broadus Elem		,						
High School District		Chair, Boa	ard of Truste	es				Date
			l attes	t that the above	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620)-2501				l Clerk June 1		
Elementary District Re	sponsible for Re	eimbursing the	Contract			County		Legal Entity
Broadus Elem						Powder River		0705
High School or K-12 D	istrict Responsil	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share □ yes □ no	ed between el	ementary and	d high school	ol?				
Are you applying for			□ No		Stude	ent Name	School	Grade
(If yes, please attac ISOLATION: Section	h explanation) 20-10-142, MCA	A, provides for	increased reir	mbursement			33.133.	3.445
rates for special circum increased rates, individ trustees of the district,	dual circumstand the county trans	ces must be rev sportation comi	viewed and apmittee, and the	proved by the	Stude	ent Name	School	Grade
Public Instruction. (10.)	·	J	•		Stude	ent Name	School	Grade
Check here only if incre District Trustees and the		sportation Com	mittee.	proved by the				
Elem District Approval		□ no	tials		Stude	ent Name	School	Grade
HS District Approval County Approval	•	□ no □ no				CONTRACT IS FO	DR:	
Parent or Guardian	Name: (Pleas	e Print)				es 1-12 t Semester Only	☐ 2nd Semester Onl	y Both Semesters
Jean Hoffman					Pre-k	indergarten/Kinder	garten	
Physical Address (s	treet address	only):						y Both Semesters
					KIND	ERGARTEN/PREI	KINDERGARTEN:	
Distance from home		chool (one wa	ıy)		by th	is contract:		age students also covered
Elementary 62	HS 0				To or To or	from Bus Stop from School	times per day, _ times per day.	days per week days per week
Distance from home Elementary 23	to nearest but HS 0	ıs stop, if any	(one way)		Kind To or	ergarten child ride from Bus Stop	es <u>without</u> other scho times per day, _	ol-age students: days per week
□ Contract is for o	ne-way only				I o or	from School	times per day, _	days per week
Students in Each Grade Le	evel - Only include	the students to b	e covered by thi	is contract.	Dea PARI	dlines: ENTS: Due to Sch	ool Clerk June 1	
	Pre-K Total	K Total	1-8 Total	9-12 Total				
	Total	TOtal	TOTAL	Total	files.	kk5: Send origina	to County Supt by Jul	y 1, retain a copy for your
Regular Trans					cou	NTY SUPERINTEN	IDENTS: Send origina	al to OPI by July 10, retain a
Spec. Ed. Trans					сору	for your files.		
Room & Board							IMBURSEMENT Rarict, county and OPI	
Correspondence						(For dist	nict, county and OFT	use offig)
Reg.						 Reimb	ursement rate is deterr	 nined by
Contingency Spec. Ed. Contin.							20-10-142, MCA.	
A groom ont between	narant (nara	nt nama)			and	achael district (dist	riot nama)	
Agreement betweer	грагені (раге	nt name)				school district (dist	ict name)	······································
(county name) The parties agree as follow				3 ,		o as the District(s).		
insured driver will t	ransport the stude	nts. Mileage conf	tracts are valid o	only when transportati	ion for the distan	ce reported on the contra	ct actually occurs.	lian assures that a licensed and mber of days the student(s) was
transported for the	past semester.		•		•	e information accompany	•	mber of days the student(s) was
	terminate at the er	nd of the school y		student(s) is no longe		ool, whichever occurs firs		Date
Broadus Elem		,						
High School District		Chair, Boa	rd of Truste					Date
			I attes	t that the above	information i	s true and correct.		
Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, M	Σ501 Γ 59620-2501		Due to Scho	ol Clerk June 1		
Elementary District Responsi	ble for Reimbursing the	Contract		County		Legal Entity
Broadus Elem				Powder River		0705
High School or K-12 District F	Responsible for Reimbu	rsing the Contract		County		Legal Entity
Is this contract shared bef ☐ yes ☐ no	ween elementary an	d high school?				
Are you applying for isola		□ No	Stuc	dent Name	School	Grade
(If yes, please attach expl	anation) 142, MCA, provides for	increased reimbursement		icht ivanic	GCHOOL	Clade
rates for special circumstance increased rates, individual cir trustees of the district, the co Public Instruction. (10.7.116 /	es of isolation of residen cumstances must be re- unty transportation com-	ce. In order to receive viewed and approved by the mittee, and the Office of	Stud	lent Name	School	Grade
Check here only if increased District Trustees and the Cou	payment due to isolation	n has been approved by the	Stud	dent Name	School	Grade
Elem District Approval	Ini	tials	Stud	dent Name	School	Grade
County Approval	es 🗆 no 🔃			<u>S CONTRACT IS FO</u> des 1-12	<u>)R:</u>	
Parent or Guardian Name	: (Please Print)			st Semester Only	□ 2nd Semester Only	y □ Both Semesters
Karen Pino Physical Address (street a	address only):			kindergarten/Kinder st Semester Only		y Both Semesters
Physical Address (street address only): Stance from home to nearest school (one way)						
insured driver will transpor In March and June, the Dis transported for the past se The payment shall be com This contract shall termina Elementary School Distric Broadus Elem	or provide transportation for the students. Mileage contrict shall pay the parent the mester. puted on the basis of the school yet Chair, Boa	the student(s) to and from the sol tracts are valid only when transpo e sum officially approved in the ap hedule established in Section 20- ear or when the student(s) is no load and of Trustees	inafter referred hool or bus stop on ortation for the dista oplication upon certi	to as the District(s). the days when school is in nce reported on the contrat fication by the teacher or p the information accompany	session. The parent or guardict actually occurs. rincipal of the school of the nun	ian assures that a licensed and mber of days the student(s) was
High School District	Chair, Boa	rd of Trustees				Date
		I attest that the abo	ve information	is true and correct.		
Signature - Parent or Guard	lian				Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Exementary Diserch Responsible for Reimbursing the Contract Broadus Elem Powder River O705		ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Is this contract shared between elementary and high school? yes	Elementary District Re	sponsible for Re	eimbursing the C	Contract			County	<u> </u>	Legal Entity
Is this contract shared between elementary and high school? yes	Broadus Elem						Powder River		0705
Aye you applying for isolation status? Yes No (If yes, please attach explanation) ISOLATION: Section 2019-112, McA, provides for increased reimbursement rates for seacal crounstance of isolation of residence. In order to seek by the state of the state		istrict Responsit	ole for Reimburs	sing the Cont	ract				
Aye you applying for isolation status? Yes No (If yes, please attach explanation) ISOLATION: Section 2019-112, McA, provides for increased reimbursement rates for seacal crounstance of isolation of residence. In order to seek by the state of the state									
Solution		ed between el	ementary and	high school	ol?				
Student Name School Grade Financial craims for special corcursations of insolation of residence, in order or receive increased rates, including clinical contents of the Collice of Public Instruction. (10.7.116 ARM provides guidelines for such.) Student Name School Grade THIS CONTEACT IS FOR: Student Name School Grade THIS C	(If yes, please attacl	h explanation)				Stud	dent Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Elem District Approval yes no no no no no no no n	rates for special circum increased rates, individual trustees of the district,	nstances of isola lual circumstand the county trans	ition of residences must be revi sportation comm	e. In order to sewed and applittee, and the	o receive oproved by the	Stud	dent Name	School	Grade
Elem District Approval yes no Initials	Check here only if incre	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade
Pre-kindergarten/kindergarten Semester Only Both Semesters	Elem District Approval	□ yes □	Initi □ no	als		Stud	dent Name	School	Grade
State Stat	County Approval	□ yes	□ no					DR:	
Physical Address (street address only):	Parent or Guardian	Name: (Pleas	e Print)					□ 2nd Semester On	ly Both Semesters
Stance from home to nearest school (one way)	Lisa Lynch	troot addroos	only):						
Distance from home to nearest school (one way) Elementary 25	Friysical Address (s	ireet address	orliy).			□ 1	st Semester Only	□ 2nd Semester On	ly □ Both Semesters
Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)	Distance from home Elementary 8 Contract is for or Students in Each Grade Le	HS 0 to nearest but HS 0 ne-way only evel - Only include Pre-K	the students to be	(one way) covered by thi	9-12	Kine by t To c Kine To c To c O Dec PAR	dergarten child ride his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original	times per day,	days per week days per week pol-age students: days per week days per week days per week
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name)	·					copy			
Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name), County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation to the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. Elementary School District Chair, Board of Trustees Date I attest that the above information is true and correct.									
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees I attest that the above information is true and correct.	Reg. Contingency						Reimbi		mined by
High School District Chair, Board of Trustees Date I attest that the above information is true and correct.	(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date								
			Chair, Boar	d of Truste	es				Date
				I attes	t that the above	information	is true and correct.		l
	Signature - Parent or	Guardian						Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	a, MT 59620	-2501		Du	e to Scho	ol Clerk June 1		
Elementary District Res	ponsible for Re	imbursing the	Contract			County	I	Legal Entity
Broadus Elem						Powder River		0705
High School or K-12 Dis	strict Responsib	ole for Reimbu	rsing the Cont	ract		County		Legal Entity
Is this contract share ☐ yes ☐ no	d between el	ementary ar	nd high schoo	ol?				
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	dent Name	School	Grade
(If yes, please attach ISOLATION: Section 2	explanation)	A. provides for	increased rein	nbursement	Otac	icht ivanic	CCHOOL	Orado
rates for special circum- increased rates, individi trustees of the district, t Public Instruction. (10.7	stances of isola ual circumstand he county trans	tion of resider es must be re portation com	nce. In order to viewed and ap mittee, and the	proved by the	Stud	lent Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee.			Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes □		itials			lent Name	School	Grade
		no				<u>S CONTRACT IS FO</u> des 1-12	<u>DR:</u>	
Parent or Guardian N	Name: (Pleas	e Print)				st Semester Only	☐ 2nd Semester Only	y □ Both Semesters
Valli Gaskill Physical Address (st	reet address	only):				kindergarten/Kinder st Semester Only		y Both Semesters
Distance from home to nearest school (one way) Elementary 28.3 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 5.2 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Distance from home to nearest school (one way) HS 0 Kindergarten child rides with outher school-age students also coby this contract: To or from Bus Stop times per day, days per was the sudents in times per day. days per was the sudents in times per day. days per was the sudents in Each Grade Level - Only include the students to be covered by this contract. Pre-K K Total Total Total Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.							days per week days per week ol-age students: days per week y 1, retain a copy for your I to OPI by July 10, retain a ATE use only)	
insured driver will trace. In March and June, transported for the payment shall be	s: nsport or provide t ansport the studer the District shall past semester. be computed on the erminate at the en	ransportation for its. Mileage cor ay the parent the ie basis of the so d of the school y	r the student(s) to tracts are valid o e sum officially ap	County, hereinaft o and from the school nly when transportatic oproved in the applica ed in Section 20-10-1 student(s) is no longe	ter referred or bus stop on on for the dista ation upon certi 42, MCA, and	to as the District(s). the days when school is in	ct actually occurs. rincipal of the school of the nur ring this contract.	ian assures that a licensed and mber of days the student(s) was
High School District		Chair, Boa	ard of Trustee	es				Date
			دادم ا	that the above !	informatia-	in true and access		
Signature - Parent or	Guardian		ı attest	triat the above i	information	is true and correct.	Date	
orginature - Parent Or	Juai ulali						Date	

INDIVIDUAL TRANSPORTATION CONTRACT

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Co	nt	ro	^ +	-

PO Box 202501 Helena, MT 59620			School Year 2004 se to School Cler					
Elementary District Responsible for Re	eimbursing the Cor	ntract	Count	у	Legal Entity			
Broadus Elem			Pow	der River	0705			
High School or K-12 District Responsit	ole for Reimbursing	g the Contract	Count	у	Legal Entity			
Powder River Co Dist H S			Pow	der River	0706			
Is this contract shared between el ☐ yes ☐ no	ementary and h	igh school?						
Are you applying for isolation state (If yes, please attach explanation)	1	□ No	Student Na	ame School	Grade			
ISOLATION: Section 20-10-142, MCA rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county trans Public Instruction. (10.7.116 ARM prov.)	ation of residence. ces must be review sportation committe	In order to receive yed and approved by the ee, and the Office of	Student Na	ame School	Grade			
Check here only if increased payment District Trustees and the County Trans	due to isolation ha	s been approved by the	Student Na	ame School	Grade			
Elem District Approval ☐ yes	Initials □ no □ no □ no		Student Na	ame School	Grade			
County Approval	□ no		THIS CON Grades 1-1	TRACT IS FOR:				
Parent or Guardian Name: (Pleas	e Print)			ester Only 2nd Semester Only	/ □ Both Semesters			
Aletta Shannon Physical Address (street address	only):			garten/Kindergarten				
1 Hysical Address (street address	orny).		□ 1st Sem	nester Only 2nd Semester Only	y □ Both Semesters			
Distance from home to nearest so Elementary 0 HS 27 Distance from home to nearest but Elementary 0 HS 7 Contract is for one-way only Students in Each Grade Level - Only include	us stop, if any (o		by this cor To or from To or from Kindergard To or from To or from	Bus Stop times per day, _ School times per day, _ ten child rides without other school Bus Stop times per day, _ School times per day, _ School times per day, _	days per week days per week ol-age students:			
Pre-K Total	K Total	1-8 9-12 Total Total		PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by July 1, retain a copy for your				
Regular Trans			files.					
Spec. Ed. Trans			copy for yo		I to OPI by July 10, retain a			
Room & Board				REIMBURSEMENT RA				
Correspondence Reg.				(i. c. alcarol, county and cr. i	,,			
Contingency Spec. Ed. Contin.				Reimbursement rate is determ 20-10-142, MCA.	nined by			
Spec. Ed. Contin.								
Agreement between parent (parei	nt name)		, and school	ol district (district name)	,			
(county name)		County hereinaf	ter referred to as t	he District(s).				
The parties agree as follows: 1. The parent shall transport or provide insured driver will transport the stude.	nts. Mileage contract	student(s) to and from the school s are valid only when transportation	or bus stop on the days on for the distance repor	when school is in session. The parent or guardi				
transported for the past semester. 3. The payment shall be computed on the								
4. This contract shall terminate at the er Elementary School District		or when the student(s) is no longe			Date			
Broadus Elem High School District Powder River Co Dist H S	Chair, Board	of Trustees			Date			
	1	Lattest that the above i	information is true	and correct	1			

Signature - Parent or Guardian Date Address, City, Zip Code Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501				ol Clerk June 1		
Elementary District Res	sponsible for Re	imbursing the	Contract			County	·	Legal Entity
Broadus Elem						Powder River		0705
High School or K-12 Di	·	le for Reimbur	sing the Cont	ract		County		Legal Entity
Powder River C						Powder River		0706
Is this contract share □ yes □ no	ed between el	ementary and	d high school	ol?				
Are you applying for		ıs? □ Yes	□ No		Stuc	lent Name	School	Grade
(If yes, please attack ISOLATION: Section 2	n explanation) 20-10-142, MCA	, provides for i	ncreased rein	mbursement	Otac	ioni riamo	36/100/	Olduo
rates for special circum increased rates, individ	lual circumstanc	es must be rev	riewed and ap	proved by the	Stuc	lent Name	School	Grade
trustees of the district, Public Instruction. (10.7)				e Office of				
Check here only if incre				proved by the	Stud	lent Name	School	Grade
District Trustees and th	-		nittee. ials		Stuc	lent Name	School	Grade
Elem District Approval HS District Approval	•	no						Grade
County Approval Parent or Guardian		no			Grad	S CONTRACT IS FO des 1-12	<u> </u>	
	Name. (Ficasi	> 1 mit)			□ 1	st Semester Only	□ 2nd Semester Onl	y Both Semesters
Cheri Fulton Physical Address (s	treet address	only):				kindergarten/Kinderg	garten □ 2nd Semester Onl	y Both Semesters
, ,		,,				•		y Doin Jemesiers
Distance from home		hool (one wa	y)		Kind by t	his contract:	s with other school-	age students also covered
Elementary 0 Distance from home		s stop, if any	(one way)		To d Kin d	or from School dergarten child ride	times per day, _ s <u>without</u> other scho	days per week days per week col-age students:
Elementary 0	HS 15				To c	or from Bus Stop or from School	times per day, _ times per day,	days per week days per week
☐ Contract is for or	, ,					adlines:		
Students in Each Grade Le	-			,	PAR	RENTS: Due to Scho	ool Clerk June 1.	
	Pre-K Total	K Total	1-8 Total	9-12 Total			to County Supt by Jul	y 1, retain a copy for your
Regular Trans					files			
Spec. Ed. Trans						JNTY SUPERINTEN / for your files.	DENTS: Send original	al to OPI by July 10, retain a
Room & Board						RE	IMBURSEMENT R	ATE
Correspondence						(For dist	rict, county and OPI	use only)
Reg.								
Contingency						Reimbu	ursement rate is deterr 20-10-142, MCA.	nined by
Spec. Ed. Contin.								
Agreement between	parent (parer	it name)			, and	d school district (distr	ict name)	,
(county name) The parties agree as follow	/s·		(County, hereinaff	ter referred	to as the District(s).		
The parent shall tra insured driver will tra	nsport or provide to ransport the studer	its. Mileage cont	racts are valid o	only when transportation	on for the dista	nce reported on the contract	t actually occurs.	dian assures that a licensed and
transported for the	past semester.		•		•		·	mber of days the student(s) was
	terminate at the en	d of the school ye		student(s) is no longe		the information accompany thool, whichever occurs firs		Date
Broadus Elem		,						
High School District Powder River Co Di		Chair, Boa	rd of Truste	es				Date
			I attes	t that the above i	information	is true and correct.		
Signature - Parent or	Guardian						Date	

Linda McCulloch, Superintendent INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

Date

Office of Public Instruction PO Box 202501 Helena, MT 59620-2501		So	chool Year 2004- 2005 to School Clerk June 1	
Elementary District Responsible for Reimbursi	ng the Contract		County	Legal Entity
Broadus Elem			Powder River	0705
High School or K-12 District Responsible for R	Reimbursing the Con	tract	County	Legal Entity
Powder River Co Dist H S			Powder River	0706
Is this contract shared between elementa	ary and high scho	ol?		
Are you applying for isolation status? (If yes, please attach explanation)			Student Name School	Grade
ISOLATION: Section 20-10-142, MCA, provided rates for special circumstances of isolation of references are as individual circumstances mustrustees of the district, the county transportation Public Instruction. (10.7.116 ARM provides gu	residence. In order to t be reviewed and a on committee, and th	to receive pproved by the	Student Name School	Grade
Check here only if increased payment due to is District Trustees and the County Transportation	solation has been ap	oproved by the	Student Name School	Grade
Elem District Approval ☐ yes ☐ no	Initials		Student Name School	Grade
HS District Approval ☐ yes ☐ no			THIS CONTRACT IS EOD.	
County Approval ☐ yes ☐ no Parent or Guardian Name: (Please Print)	<u> </u>		THIS CONTRACT IS FOR: Grades 1-12	
r arent or Guardian Name. (Flease Film)	,		□ 1st Semester Only □ 2nd Semester	Only Doth Semesters
Curt Riesland			Pre-kindergarten/Kindergarten	
Physical Address (street address only):			□ 1st Semester Only □ 2nd Semester	Only Doth Semesters
Distance from home to nearest school (or Elementary 0 HS 35 Distance from home to nearest bus stop, Elementary 0 HS 4.1 Contract is for one-way only Students in Each Grade Level - Only include the stude	, if any (one way)	is contract.	KINDERGARTEN/PREKINDERGARTEN Kindergarten child rides with other sch by this contract: To or from Bus Stop times per d To or from School times per d Kindergarten child rides without other s To or from Bus Stop times per d To or from School times per d To or from School times per d Deadlines:	ay, days per week ay, days per week ay, days per week school-age students:
Pre-K K	1-8	9-12	PARENTS: Due to School Clerk June 1.	
Total Total		Total	CLERKS: Send original to County Supt b	y July 1, retain a copy for your
Regular Trans			files.	
Spec. Ed. Trans			COUNTY SUPERINTENDENTS: Send or copy for your files.	iginal to OPI by July 10, retain a
Room & Board			REIMBURSEMEN	
Correspondence			(For district, county and	OPI use only)
Reg. Contingency			Reimbursement rate is d 20-10-142, MC	3
Spec. Ed. Contin.				,
Agreement between parent (parent name	e)		, and school district (district name)	
(county name)		County hereinafte	er referred to as the District(s).	
The parties agree as follows: 1. The parent shall transport or provide transports insured driver will transport the students. Miles In March and June, the District shall pay the pc	ation for the student(s) tage contracts are valid	o and from the school conly when transportation	or bus stop on the days when school is in session. The parent or in for the distance reported on the contract actually occurs. ion upon certification by the teacher or principal of the school of	
			2, MCA, and the information accompanying this contract.	
4. This contract shall terminate at the end of the s Elementary School District Chai	school year or when the ir, Board of Truste		enrolled in school, whichever occurs first.	Date
Broadus Elem				

High School District Powder River Co Dist H S I attest that the above information is true and correct. Signature - Parent or Guardian Date Address, City, Zip Code Phone Number

Chair, Board of Trustees

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

Elementary Debrid Responsible for Rembursing the Contract County Legal Entity	PO Box 20	2501 T 59620-250					2004- 2005 Clerk June 1		
High School or K-12 District Responsible for Reinfoursing the Contract County Powder River O706	Elementary District Responsi	ble for Reimbur	rsing the Cor	ntract			County		Legal Entity
Bithis contract is shared between elementary and high school?	Broadus Elem						Powder River		0705
Is this contract shared between elementary and high school? gesnonotes	High School or K-12 District I	Responsible for	Reimbursin	g the Contr	act		County		Legal Entity
Agreement between parent (parent name) County name) Agreement between parent (parent name) County name) Agreement between parent (parent name) County name County name) County name	Powder River Co Dis	st H S					Powder River		0706
Solution		tween elemer	ntary and h	igh schoo	l?				
Student Name School Grade Grad	(If yes, please attach exp	anation)				Stude	nt Name	School	Grade
Check here only if increased payment due to isolation has been approved by the District Trustees and the County Transportation Committee. Item District Approval	rates for special circumstance increased rates, individual circustees of the district, the co	es of isolation of cumstances mu unty transporta	of residence. Lust be review tion committe	In order to wed and appee, and the	receive proved by the	Stude	nt Name	School	Grade
Elem District Approval	Check here only if increased	payment due to	o isolation ha	is been app	proved by the	Stude	nt Name	School	Grade
Parent or Guardian Name: (Please Print) Diana Goodwin	Elem District Approval					Stude	nt Name	School	Grade
Diana Goodwin Physical Address (street address only): 1st Semester Only 2nd Semester Only Both Semesters	County Approval	es 🗆 no						OR:	
Physical Address (street address only): Test Mode gate and the semester Only Both Semester State Both Semester Only Both Semester State Both Semester State Both Semester Only Bot		e: (Please Prir	nt)					□ 2nd Semester On	ly Doth Semesters
Distance from home to nearest school (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. To or from Bus Stop times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from School times per day, days per week Kindergarten child rides without other school or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School times per day, days per week To or from School To the School To day School To day School To day School To day India and the school To day School To day India and the School To day School To day India and To days per week To or from School To day School To day India and To days the students of the school to day the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and instruct direct will transport or provide transportation for the sudentification by the teacher or principal of the school or the subdentify to any the parent besure undifically appropriation for the dista		address only)	:						ly Roth Samesters
Distance from home to nearest school (one way) Elementary 0	, ,	,					•		ly Both ochicators
Agreement between parent (parent name)	Distance from home to ne Elementary 0 HS Contract is for one-was Students in Each Grade Level - O Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg.	earest bus sto o y only nly include the stu	pp, if any (or	overed by this	9-12	Kinde by th To or To or Kinde To or To or Dead PARE files. COUI	ergarten child ride is contract: from Bus Stop from School ergarten child ride from Bus Stop from School dlines: ENTS: Due to Sch EKS: Send origina NTY SUPERINTEN for your files. RE (For dist	times per day, times per day. Tool Clerk June 1. I to County Supt by June 1. I to County Supt by June 1. I to County Supt by June 1.	days per week days per week col-age students: days per week days per week days per week days per week ly 1, retain a copy for your al to OPI by July 10, retain a
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date	• •						Reimb		mined by
Elementary School District Chair, Board of Trustees Date	(county name) The parties agree as follows: 1. The parent shall transport insured driver will transport 2. In March and June, the Distransported for the past se 3. The payment shall be com	or provide transport the students. Mistrict shall pay the mester.	ortation for the ileage contract parent the sun s of the schedu	student(s) to ss are valid or n officially ap ule establishe	and from the school nly when transportation proved in the applicated in Section 20-10-1	ter referred to or bus stop on the distance of	o as the District(s). te days when school is in the reported on the contra ation by the teacher or p te information accompany	session. The parent or guar ct actually occurs. rincipal of the school of the ni	
	Elementary School District Broadus Elem	ct Ch	air, Board	of Trustee	es	311101100 III 3011	so, minoritor occurs illa	Α.	
High School District Chair, Board of Trustees Date Powder River Co Dist H S			air, Board	of Trustee	es				Date
I attest that the above information is true and correct.				I attest	that the above i	information is	s true and correct.		

Signature - Parent or Guardian Date Address, City, Zip Code Phone Number

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

Contract #

PO Box 202501 Helena, MT 59620-2	2501 I	School Year 2004- 2005 Due to School Clerk June 1	
Elementary District Responsible for Rein	nbursing the Contract	County	Legal Entity
Broadus Elem		Powder River	0705
High School or K-12 District Responsible	e for Reimbursing the Contract	County	Legal Entity
Powder River Co Dist H S		Powder River	0706
Is this contract shared between election □ yes □ no	mentary and high school?		
Are you applying for isolation status (If yes, please attach explanation)		Student Name School	Grade
ISOLATION: Section 20-10-142, MCA, rates for special circumstances of isolati increased rates, individual circumstance trustees of the district, the county transp Public Instruction. (10.7.116 ARM provid	on of residence. In order to receive s must be reviewed and approved by the ortation committee, and the Office of	Student Name School	Grade
· ·	ue to isolation has been approved by the	Student Name School	Grade
	Initials no no	Student Name School	Grade
County Approval	no	THIS CONTRACT IS FOR: Grades 1-12	
Parent or Guardian Name: (Please	Print)	☐ 1st Semester Only ☐ 2nd Semest	er Only Both Semesters
Kenneth Bird		Pre-kindergarten/Kindergarten	
Physical Address (street address of	nly):	☐ 1st Semester Only ☐ 2nd Semest	er Only Both Semesters
Distance from home to nearest sche Elementary 0 HS 32.5 Distance from home to nearest bus Elementary 0 HS 4.5 Contract is for one-way only Students in Each Grade Level - Only include the Pre-K Total Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	stop, if any (one way)	Kindergarten child rides with other so by this contract: To or from Bus Stop times per To or from School times per Kindergarten child rides without other To or from Bus Stop times per To or from School Clerk June 1 CLERKS: Send original to County Supt files. COUNTY SUPERINTENDENTS: Send copy for your files. REIMBURSEME (For district, county and Reimbursement rate is 20-10-142, March 20-142, March 20-142,	days per week day, days per week r school-age students: day, days per week day, days per week day, days per week by July 1, retain a copy for your original to OPI by July 10, retain a NT RATE d OPI use only) determined by
insured driver will transport the students In March and June, the District shall pay transported for the past semester. The payment shall be computed on the This contract shall terminate at the end Elementary School District Broadus Elem High School District	County, herein nsportation for the student(s) to and from the sches. Mileage contracts are valid only when transpory the parent the sum officially approved in the app	nafter referred to as the District(s). nool or bus stop on the days when school is in session. The parent relation for the distance reported on the contract actually occurs, plication upon certification by the teacher or principal of the school of the 10-142, MCA, and the information accompanying this contract.	•
Powder River Co Dist H S	l attest that the above	ve information is true and correct.	
Signature - Parent or Guardian	י מננטו נוומו נווכ מטטי	Date	

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Helena, MT 59620)-2501	Due to So	chool Clerk June 1			
Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity	
South Stacey Elem			Powder River		0709	
High School or K-12 District Responsil	ole for Reimbursing the Cont	tract	County		Legal Entity	
Is this contract shared between el □ yes □ no	ementary and high school	ol?			<u> </u>	
Are you applying for isolation stat		<u>-</u>	Student Name	School	Grade	
(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A. provides for increased reir		Student Name	CCHOOL	Grade	
rates for special circumstances of isola increased rates, individual circumstance trustees of the district, the county transpublic Instruction. (10.7.116 ARM prov	ation of residence. In order to sees must be reviewed and appropriation committee, and the	o receive oproved by the	Student Name	School	Grade	
Check here only if increased payment District Trustees and the County Trans	due to isolation has been ap	pproved by the	Student Name	School	Grade	
Elem District Approval □ yes	Initials □ no □ no □ no	5	Student Name	School	Grade	
County Approval	□ no		THIS CONTRACT IS FO Grades 1-12	<u>)R:</u>		
Parent or Guardian Name: (Pleas	e Print)		☐ 1st Semester Only	□ 2nd Semester Only	☐ Both Semesters	
Becky Anderson Physical Address (street address	only):		Pre-kindergarten/Kinder ☐ 1st Semester Only		□ Both Semesters	
Physical Address (street address only): State Sta						
Agreement between parent (parel (county name) The parties agree as follows: 1. The parent shall transport or provide insured driver will transport the stude 2. In March and June, the District shall transported for the past semester. 3. The payment shall be computed on the transport of the past semester. 4. This contract shall terminate at the end that the shall be consulted to the shall be consulted to the shall that the	transportation for the student(s) to the student (s) the stude	only when transportation for the ipproved in the application upon ned in Section 20-10-142, MCA, student(s) is no longer enrolled es	pred to as the District(s). pp on the days when school is in distance reported on the contract certification by the teacher or put and the information accompany	session. The parent or guardia ct actually occurs. rincipal of the school of the num ring this contract.	an assures that a licensed and	
High School District	Chair, Board of Truste	es			Date	
	I attes	t that the above informa	tion is true and correct.			
Signature - Parent or Guardian				Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	ox 202501 na, MT 59620	-2501			ue to School				
Elementary District Re	sponsible for Re	eimbursing the	Contract		C	county	<u> </u>	Legal Entity	
South Stacey E	lem				l F	Powder River		0709	
High School or K-12 D	istrict Responsit	ole for Reimbu	rsing the Cont	tract		ounty		Legal Entity	
Is this contract share ☐ yes ☐ no	ed between el	ementary an	d high scho	ol?					
Are you applying for (If yes, please attaction: Section	h explanation)	1	□ No	mbursement	Studen	t Name	School		Grade
rates for special circum increased rates, individ trustees of the district,	nstances of isola lual circumstand the county trans	ation of resident ces must be resportation com	ice. In order to viewed and appoint and the mittee, and the contraction in the contractio	o receive oproved by the	Studen	t Name	School		Grade
Public Instruction. (10.) Check here only if incomplished Trustees and the	eased payment	due to isolation	n has been ap	proved by the	Studen	t Name	School		Grade
Elem District Approval	□ yes	Ini □ no	tials		Studen	t Name	School		Grade
HS District Approval County Approval		□ no □ no				CONTRACT IS FO	OR:		
Parent or Guardian	Name: (Pleas	e Print)			Grades □ 1st	s 1-12 Semester Only	□ 2nd Semester On	lly □ Both Sem	esters
Dennis Merchar	nt				Pre-kin	dergarten/Kinder	rgarten		
Physical Address (s	treet address	only):					□ 2nd Semester On	ly Both Sem	esters
Distance from home Elementary 6.8 Distance from home Elementary 0 Contract is for or Students in Each Grade Lead	HS 0 e to nearest bu HS 0 ne-way only	is stop, if any	/ (one way)	is contract. 9-12 Total	Kinder by this To or fi To or fi Kinder To or fi To or fi To or fi	garten child rides contract: rom Bus Stop rom School garten child ride rom Bus Stop rom School lines: NTS: Due to Sch	kindergarten: es with other school- times per day, times per day, es without other scho times per day, times per day, times per day, times per day,	days days col-age students days days	per week per week : per week per week
Regular Trans						TY SUPERINTEN	NDENTS: Send origin	al to OPI by July 1	10, retain a
Spec. Ed. Trans						or your files.			
Room & Board							EIMBURSEMENT R trict, county and OP		
Correspondence						,	, , ,	,,	
Reg. Contingency						Reimb	ursement rate is deter	mined by	
Spec. Ed. Contin.							20-10-142, MCA.		
insured driver will t 2. In March and June transported for the	vs: ansport or provide transport the studer the District shall p	rransportation for nts. Mileage con ay the parent the	the student(s) tracts are valid of sum officially a	o and from the school only when transportati pproved in the applica	fter referred to of or bus stop on the tion for the distance ation upon certifica	reported on the contra	n session. The parent or guar ct actually occurs. rincipal of the school of the n		
	terminate at the er	d of the school y		student(s) is no longe		ol, whichever occurs fire		Date	
South Stacey Elem High School District		,	ard of Truste					Date	
riigii School District		Cilali, B0a	iiu oi iius(e					Dale	
			I attes	t that the above	information is	true and correct.			
Signature - Parent or	Guardian						Date		

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

	3ox 202501 na, MT 59620	-2501	Due to School Clerk June 1							
Elementary District Re	ct Responsible for Reimbursing the Contract					County	Legal Entity			
South Stacey Elem						Powder River		0709		
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity		
Is this contract shar ☐ yes ☐ no	ed between el	ementary and	high school	ol?						
Are you applying for (If yes, please attac	h explanation)		□ No		Stud	dent Name	School	Grade		
ISOLATION: Section 20-10-142, MCA, provides for increased reimbursement rates for special circumstances of isolation of residence. In order to receive increased rates, individual circumstances must be reviewed and approved by the trustees of the district, the county transportation committee, and the Office of Public Instruction. (10.7.116 ARM provides guidelines for such.)					Stud	dent Name	School	Grade		
Check here only if incr District Trustees and the	eased payment	due to isolation	has been ap	proved by the	Stud	dent Name	School	Grade		
Elem District Approval HS District Approval	□ yes	Initia □ no □ no □ no	als		Stud	dent Name	School	Grade		
County Approval	□ yes	□ no				<u>S CONTRACT IS FO</u> des 1-12	DR:			
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly Doth Semesters		
Jill Kolka		I. A.			Pre-kindergarten/Kindergarten					
Physical Address (s	treet address	only):			□ 1	st Semester Only	□ 2nd Semester On	ly Doth Semesters		
Distance from home Elementary 5 Distance from home Elementary 0 Contract is for o Students in Each Grade Low Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin.	HS 0 e to nearest bu HS 0 ne-way only	is stop, if any	(one way)	s contract. 9-12 Total	Kind by the Total Kind Total Total Total PAR CLE files	his contract: or from Bus Stop or from School dergarten child ride or from Bus Stop or from Bus Stop or from Bus Stop or from Bus Stop or from School adlines: RENTS: Due to Scho ERKS: Send original or from Supplies. RENTS Bus to School RENTS: Due to School RENTS: Pue to School RENTS: Rent original or for your files. RE (For dist	times per day,	days per week da		
Agreement between parent (parent name)										
I attest that the above information is true and correct.										
Signature - Parent or Guardian Date										

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT School Year 2004- 2005

Contract #

Elementary District Responsible for Reimbursing the Contract County County County County	PO Box 202501 Helena, MT 59620)-2501	Due to School Clerk June 1					
It is this contract shared between elementary and high school? yes	Elementary District Responsible for Re	eimbursing the Contract		County		Legal Entity		
It is this contract shared between elementary and high school? yes	South Stacev Flem			Powder I	River	0709		
Agreement between parent (parent name) Regular Trans Spec. Ed. Contin. Regular Trans Spec. Ed. Contin. Regular Trans Spec. Ed. Contin. Agreement between parent (parent name) Correspondence Reg. Contingency Spec. Ed. Contin. County, name) County, hereinafter referred to as the District(s). The parent walls register the parent of ages and a substance of ages and and a substance of	High School or K-12 District Responsib	ole for Reimbursing the	Contract					
Agreement between parent (parent name) Regular Trans Spec. Ed. Contin. Regular Trans Spec. Ed. Contin. Regular Trans Spec. Ed. Contin. Agreement between parent (parent name) Correspondence Reg. Contingency Spec. Ed. Contin. County, name) County, hereinafter referred to as the District(s). The parent walls register the parent of ages and a substance of ages and and a substance of								
Student Name		ementary and high s	chool?					
BioLANDON SCORE 2016-142_MCA. provides for increased primburement place of the provided provided for the provided prov)	Student Name	School	Grade		
School Grade trustees of the district, the county transportation committee, and the office of Public Instruction, (107.116 ARM) provides guicelines for such.) Check here only infernased opportude by the District Trustees and the County Transportation Committee. Elem District Approval yes no notated by the District Trustees and the County Transportation Committee. Elem District Approval yes no notated by the District Trustees and the County Transportation Committee. Elem District Approval yes no notated to Sealand the District Trustees and the County Transportation Committee. Parent or Guardian Name: (Please Print) Molly Lammi Physical Address (street address only): Distance from home to nearest school (one way) Elementary 4.2 HS 0 Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Total Total Regular Trans Spec. Ed. Trans Spec. Ed. Trans Spec. Ed. Contin. Pre-K K 1-18 9-12 Correspondence Reg. Contingency Spec. Ed. Contin. Pre-K K 1-18 9-12 Total Total Total Total Total Agreement between parent (parent name)	(If yes, please attach explanation) ISOLATION: Section 20-10-142, MCA	A, provides for increased	d reimbursement		30.100.	0.000		
Check here only if increased payment due to isolation has been approved by the District Trustees and the Country Transportation Committee. Student Name	increased rates, individual circumstand trustees of the district, the county trans	ces must be reviewed an sportation committee, ar	nd approved by the nd the Office of	Student Name	School	Grade		
District Trustees and the County Transportation Committee Initials Init	·	, and the second	•	Student Name	School	Grade		
Elem Distinct Approval yes no Courty Note that the Courty no Courty Structure of Courty no Courty Structure of Courty no Courty Structure of Courty Note that yes no Courty Structure of Courty Structure o		sportation Committee.	in approved by the					
Parent or Guardian Name: (Please Print)		□ no		Student Name	Student Name School Grade			
Statement of Gualutari Natine. (Please Print)					CT IS FOR:			
Physical Address (street address only):	Parent or Guardian Name: (Please	e Print)			Only 2nd Semester On	lly □ Both Semesters		
Stance from home to nearest school (one way) Stance from home to nearest school (one way) Stance from home to nearest school (one way) Stance from home to nearest bus stop, if any (one way) Stance from home transported to the contact stance with called the stance from home transported to the past semantial transport of provide transported from the bus stance from the stance f				Pre-kindergarten	Pre_kindergarten/Kindergarten			
Distance from home to nearest school (one way) Elementary 4.2	Physical Address (street address	only):						
Distance from home to nearest school (one way) Elementary 4.2				KINDERGARTE	N/PREKINDERGARTEN:			
Distance from home to nearest bus stop, if any (one way) Elementary 0 HS 0 Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K K 1-8 9-12 Total Total Total Total Total Regular Trans Spec. Ed. Trans Spec. Ed. Trans Spec. Ed. Trans Spec. Ed. Contin. Spec. Ed.		chool (one way)		by this contract: To or from Bus Stop times per day, days per week				
Contract is for one-way only Students in Each Grade Level - Only include the students to be covered by this contract. Pre-K		us stop, if any (one w	To or from Schoo Kindergarten ch To or from Bus S	times per day, nild rides <u>without</u> other sche top times per day,	days per week ool-age students: days per week			
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parties agree as follows: 2. In March and June, the District shall part be parent the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are vaid only when transportation by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The parinet shall branchiage at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees PARENTS: Due to School Clerk June 1. CLERKS: Send original to County Supt by July 1, retain a copy for your files. CCURNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. CCUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. CCUNTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. CCURTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. CCURTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. CCURTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. CCURTY SUPERINTENDENTS: Send original to OPI by July 10, retain a copy for your files. CCURTY SUPERINTENDENTS: Send original to OPI	□ Contract is for one-way only			To or from School	ol times per day,	days per week		
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name) County name) County name Name of the students or provide transportation for the students or between the name transportation of the distance and actually occurs. In the parent shall be computed on the chass seresser. The payment shall be computed on the basse of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school of	Students in Each Grade Level - Only include	the students to be covered	by this contract.	Deadlines:	o to Sobool Clark June 1			
Regular Trans Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)								
Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name)	Total	Total Tota	Total		original to County Supt by Ju	lly 1, retain a copy for your		
Spec. Ed. Trans Room & Board Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name), and school district (district name), (county name)	Regular Trans			COUNTY SUPE	RINTENDENTS: Send origin	al to OPI by July 10, retain a		
Correspondence Reg. Contingency Spec. Ed. Contin. Agreement between parent (parent name)	Spec. Ed. Trans				0	arto or r by daily ro, retain a		
Agreement between parent (parent name)	Room & Board							
Agreement between parent (parent name)	Correspondence			(F	For district, county and OP	I use only)		
Agreement between parent (parent name)	Reg.	+						
Agreement between parent (parent name)						mined by		
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date	Spec. Ea. Contin.				,			
(county name) County, hereinafter referred to as the District(s). The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date								
The parties agree as follows: 1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date	Agreement between parent (parer	nt name)		, and school distr	rict (district name)	,		
1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and insured driver will transport the students. Mileage contracts are valid only when transportation for the distance reported on the contract actually occurs. 2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. 3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date			County, hereinaf	ter referred to as the Dis	strict(s).			
In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was transported for the past semester. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District South Stacey Elem High School District Chair, Board of Trustees Date Chair, Board of Trustees Date	1. The parent shall transport or provide transportation for the student(s) to and from the school or bus stop on the days when school is in session. The parent or guardian assures that a licensed and							
3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract. 4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first. Elementary School District Chair, Board of Trustees Date High School District Chair, Board of Trustees Date	2. In March and June, the District shall pay the parent the sum officially approved in the application upon certification by the teacher or principal of the school of the number of days the student(s) was							
Elementary School District South Stacey Elem Chair, Board of Trustees Date High School District Chair, Board of Trustees Date	3. The payment shall be computed on the basis of the schedule established in Section 20-10-142, MCA, and the information accompanying this contract.							
High School District Chair, Board of Trustees Date	Elementary School District		Date					
Lattest that the above information is true and correct		Chair, Board of Trustees Date						
Signature - Parent or Guardian Date	Signature - Parent or Guardian	10						

Address, City, Zip Code

INDIVIDUAL TRANSPORTATION CONTRACT

School Year 2004- 2005 Due to School Clerk June 1 Contract #

Heler	Helena, MT 59620-2501 Due to School Clerk June 1									
Elementary District Responsible for Reimbursing the Contract					County	Legal Entity				
South Stacey Elem						Powder River		0709		
High School or K-12 District Responsible for Reimbursing the Contract						County		Legal Entity		
Is this contract share	ad batwaan al	omontory or	d high coho	N2						
	ea between ei	ementary ar	ia nign scho	JI ?						
Are you applying for	isolation statu	us? □ Yes	□ No		Stuc	dent Name	School		Grade	
(If yes, please attac	h explanation)	nrovides for	increased rein	nhursement) 1	dent Name	301001		Grade	
rates for special circum	nstances of isola	ition of resider	nce. In order t	o receive	Student Name School Grad Student Name School Grad					
increased rates, individe trustees of the district,	the county trans	sportation com	mittee, and the							
Public Instruction. (10.	7.116 ARM prov	rides guideline	s for such.)							
Check here only if incre District Trustees and the	eased payment	due to isolatio	n has been ap	proved by the	State School Grade					
		In	itials		Stuc	dent Name	School		Grade	
Elem District Approval HS District Approval		□ no □ no							Grade	
County Approval		□ no			THIS CONTRACT IS FOR: Grades 1-12					
Parent or Guardian	Name: (Pleas	e Print)				st Semester Only	□ 2nd Semester On	ly 🗆 Both Se	mesters	
Sherry Rooney					Pre-	kindergarten/Kinder	narten			
Physical Address (s	treet address	only):					☐ 2nd Semester On	ly 🗆 Both Se	mesters	
					KIN	KINDERGARTEN/PREKINDERGARTEN:				
Distance from home	. 4	h = = 1 / = = =	\		Kind	dergarten child ride	es with other school-	age students a	lso covered	
Distance from home Elementary 30.6	to nearest sc HS 0	nooi (one wa	ay)		by t	by this contract: To or from Bus Stop times per day, days per week To or from School times per day, days per week Kindergarten child rides without other school-age students: To or from Bus Stop times per day, days per week To or from School times per day, days per week				
Distance from home	. 40				To c					
Distance from home Elementary 10.6	to nearest bu HS 0	is stop, ir an	y (one way)		Kine To c					
Contract in for a	no wow only				To c					
☐ Contract is for o	, ,	the students to b	a aguarad by thi	a contract	Des	adlines:				
Students in Lacif Grade Le		the students to t	be covered by the	-	PAR	RENTS: Due to Sch	ool Clerk June 1.			
	Pre-K Total	K Total	1-8 Total	9-12 Total	CLE	CLERKS: Send original to County Supt by July 1, retain a copy for your				
	1010.1			10101	files		to county capt by our	iy 1, 10tam a 00	py for your	
Regular Trans					COL	INTY SUPERINTEN	IDENTS: Send origina	al to OPI by July	/ 10 retain a	
Spec. Ed. Trans						for your files.	DELITIO: Cond ong	un to on 1 by our	, ro, rotain a	
Room & Board						RF	IMBURSEMENT R	ATF		
					(For district, county and OPI use only)					
Correspondence										
Reg. Contingency						Reimbi	ursement rate is deteri	mined by		
Spec. Ed. Contin.							20-10-142, MCA.	,		
5p00. Ed. 0011111.										
Agreement betweer	parent (parer	nt name)			, and	d school district (distr	rict name)		,	
(county name)			(County, hereina	fter referred	to as the District(s).				
The parties agree as follow		ransportation for		•		` ,	session. The parent or guard	dian assures that a li	censed and	
insured driver will t	ransport the studer	nts. Mileage cor	tracts are valid of	only when transporta	tion for the dista	nce reported on the contract				
transported for the	past semester.		•		·	•	•		-(-)	
4. This contract shall terminate at the end of the school year or when the student(s) is no longer enrolled in school, whichever occurs first.										
Elementary School District Chair, Board of Trustees South Stacey Elem						Date				
High School District Chair, Board of Trustees Date					Date					
I attest that the above information is true and correct.										
Signature - Parent or	Guardian		raues	t triat trie above	iiioiiiiation	is true and correct.	Date			
Signature - Parent Of	Juai ulail						Date			